



CHANGE OF ADDRESS AUTHORIZATION

Name of IBEW 292 Member _____

Last four of SS# _____ Effective Date of Change _____

Phone Number _____ Email _____

Please List All Members Of The Household This Request Applies To Including Member,

Spouse and All Dependents _____

Old Address _____

New Address _____

Adult Signature _____ Date _____

Address changes with NOT be made until this form has been completed, signed and returned the IBEW 292 Benefits Office. Please return for to:

Mail:

IBEW 292 Benefits Office
6700 West Broadway Avenue, Suite B
Brooklyn Park, MN 55428

Email:

Enrollment@ibew292benefits.org

Fax:

763-416-6196