

IBEW9+MSECA Fringe Benefits Change of Address Request

In order to change your address in the Fund Office records, you must confirm your mailing address change. Once we receive the Change of Address Request, we will also change your address with Prudential, BCBS, SavRx and VSP.

Name: _____

Email: _____

New address: _____

City-State-Zip _____

Phone (landline)_____ Phone (cell)_____

Effective date of new address _____
Day, month and year

This address change affects the following people:

Member only

Member and family

Other – ONLY the following people (list individual names)

For verification purposes, please tell us:

Last 4 digits of your SSN _____

Old address: _____

Signature of Participant (only the Member may sign; Date
signature will be verified with records on file)