

International Union of Operating Engineers Local 4

Benefit Funds Office

Annuity and Savings Plan, Health and Welfare Plan, and Pension Plan

PO Box 680, Medway, MA 02053-0680

508-533-1400 (phone) 508-533-1425 (fax)



ADDRESS CHANGE FORM

The Benefit Funds Office will only change an address when it is received in writing. Please fill out this form to update your address and return it to the Benefit Funds Office via mail or fax.

**Alternate Address Requests for Health and Welfare Plan Correspondence for Dependents (Spouse/ Ex-Spouse/Children) require a separate form. Contact the Benefit Funds Office to request an Alternate Address Requisition Form or download the form at www.local4funds.org.*

Please check one: Member Retiree Beneficiary Former Spouse

PART A – CURRENT ADDRESS (PLEASE PRINT CLEARLY)

Name: _____		
Address 1: _____		
Address 2: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	E-Mail Address: _____

PART B – FORMER ADDRESS (PLEASE PRINT CLEARLY)

Address 1: _____		
Address 2: _____		
City: _____	State: _____	Zip: _____

PART C – REQUIRED VERIFICATION

Name: _____	SSN: _____	Date of Birth: _____
Signature: _____	Date Signed: _____	