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)*

MAILING ADDRESS CHANGE FORM

The Benefit Funds Office will only change your mailing address when it is received in writing. Please fill out this form to update your mailing address and return it (signed and dated) to the Benefit Funds Office via mail or fax. Additional forms can be downloaded via the Funds' website: www.local4funds.org.
**Alternate Address Requests for Health and Welfare Plan Correspondence for Dependents (Spouse/Former Spouse/Children) require a separate form. Contact the Benefit Funds Office to request an Alternate Address Requisition Form.*

Check Type: ☐ Member ☐ Retiree ☐ Beneficiary ☐ Spouse ☐ Former Spouse ☐ Dependent Child

PART A – CURRENT MAILING ADDRESS (PLEASE PRINT CLEARLY)

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

PART B – FORMER MAILING ADDRESS (PLEASE PRINT CLEARLY)

Mailing Address 1:		
Mailing Address 2:		
City:	State:	Zip:

PART C – REQUIRED VERIFICATION (PART C MUST BE SIGNED AND DATED)

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