

CHANGE OF ADDRESS REQUEST
(TO BE COMPLETED BY THE PARTICIPANT)

FUND NAME: UP PLUMBERS' & PIPEFITTERS' HEALTH & WELFARE FUND

*****PLEASE PRINT ALL INFORMATION*****

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS **FROM:**

PHONE NUMBER: _____

TO:

PHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: This change cannot be made without participant signature)

RETURN THIS COMPLETED FORM TO:
UP Plumbers' & Pipefitters' Health & Welfare Fund

FUND OFFICE
6525 Centurion Drive
Lansing, MI 48917 – 9275

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ By: _____

Date changed on BCBSM: _____ By: _____

Date changed on Pension: _____ By: _____