

ELECTRICAL WORKERS

FRINGE BENEFIT ADMINISTRATIVE OFFICE

CHANGE OF ADDRESS AUTHORIZATION

Name of Participant: (please print)

Social Security Number of Participant:

Old Address:

New Address:

Phone Number: _____

Signature of Participant

Date

Address changes cannot be updated in our computer system until this form has been filled out and signed by our Participant. Mail completed form to:

1828 North Meridian Street, Suite 103
Indianapolis, IN 46202