

MASSACHUSETTS LABORERS' BENEFIT FUNDS

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CHANGE OF ADDRESS

MEMBER NAME: _____

SSN/UEM/P#: _____ LOCAL UNION#: _____

MEMBER CHANGE OF ADDRESS

OLD ADDRESS

NEW ADDRESS

STREET: _____

STREET: _____

CITY: _____

CITY: _____

STATE/ZIP: _____

STATE/ZIP: _____

SIGNATURE: _____

DATE: _____

HOME PHONE#: _____

CELL PHONE#: _____

EMAIL: _____

DEPENDENT CHANGE OF ADDRESS - PLEASE CIRCLE YOUR RELATIONSHIP TO THE MEMBER

DEPENDENT NAME: _____ (SPOUSE/EX-SPOUSE/CHILD)

DEPENDENT NAME: _____ (SPOUSE/EX-SPOUSE/CHILD)

DEPENDENT NAME: _____ (SPOUSE/EX-SPOUSE/CHILD)

OLD ADDRESS

NEW ADDRESS

STREET: _____

STREET: _____

CITY: _____

CITY: _____

STATE/ZIP: _____

STATE/ZIP: _____

SIGNATURE: _____ DATE: _____

HOME PHONE#: _____ CELL PHONE#: _____

EMAIL: _____