

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

FUND NAME: MICHIANA AREA ELECTRICAL WORKERS' HEALTH & WELFARE FUND

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

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT MEMBER IDENTIFICATION 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:**

Michiana Area Electrical Workers' Health & Welfare Fund  
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: \_\_\_\_\_