National Electrical Benefit Fund

ADDRESS CHANGE / CORRECTIONS **(PLEASE PRINT)**

Participant SSN ___ - __ - ____

Date of Birth __ / __ / ____

Name _____
First Middle Last

NEW ADDRESS INFORMATION

Is this a temporary change of address? ☐ Yes ☐ No

If yes: Start Date __ / __ / __ to End Date __ / __ / __

New Address Line 1

New Address Line 2

City State ZipCode

Phone Number ___ - ___ - ____

OLD ADDRESS INFORMATION

Old Address Line 1

Old Address Line 2

City State ZipCode

Signature

PLEASE do not forget to sign this form.

In the event that the participant is deceased the spouse should also complete the following.

NAME OF SURVIVING SPOUSE _____

Spouse's SSN ___ - __ - ____ Date __ / __ / ____

When you have a change of address, please let us know. Be sure to include your old address and please don't forget to fill in the participant's Social Security Number and Date of Birth. This information will be helpful in checking and keeping our records accurate.

Fax or mail this form to NEBF, 2400 Research Blvd, Suite 500, Rockville, MD 20850-3266. Fax (301)869-4322