



Eighth District Electrical Fringe Benefit Funds

ADDRESS VERIFICATION/CHANGE FORM

We have been advised that your address may have changed, and we may no longer have a valid address for you.

Reason(s) for this address change verification form may include:

- Member Request
- We do not have a current address in our system
- We are holding returned mail from the post office

In order to verify the validity of a change of address, the following must be completed and returned to the Fund Office as soon as possible. **We cannot update your record with the new information until proper authorization is received.**

Please note that failure to fully complete this form and return it to the Benefits Office will result in all benefits and correspondence pertaining to the Health & Welfare, Annuity and Pension Funds being placed in **Pend** status until proper authorization is received.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security or Ben ID: _____

Marital Status (please check one):

- Single
- Married
- Legally Separated
- Divorced
- Widowed

Member Signature: _____

Date: _____ Effective Date of Address Change: _____

If you have any questions, please feel free to contact our office at the phone number or address below.

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org