



# Eighth District Electrical Fringe Benefit Funds

## ADDRESS VERIFICATION/CHANGE FORM

Reason for the address change form:

- Member Request
- We do not have a current address in our system
- We are holding member's 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. **We cannot update your record with the new information until proper authorization is received.**

Failure to fully complete this form and return it to the Benefits Office will result in all benefits and correspondence pertaining to the Welfare and Pension Funds being placed in **Pend** status until proper authorization is received.

Full Name: \_\_\_\_\_

New Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security or Ben ID #: \_\_\_\_\_

Marital Status:

- Single
- Married
- Legally Separated
- Divorced
- Widowed

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Effective Date of Address Change: \_\_\_\_\_

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Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84017

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130-0751

Toll Free: 844-989-2321

[www.8thDistrictBenefits.org](http://www.8thDistrictBenefits.org)