



Bricklayers & Allied Craftworkers Local 9 Welfare Fund of Western PA  
PO Box 160  
Troy, MI 48099-0160  
Phone: (412) 317-6538 or Toll Free: (877) 270-1199  
www.BACLocal9Benefits.org

## Address Change Form

In order to have verification of your requested address change for our files, please complete the information below and send this form back to the Fund Office. The address change will not take place until the form has been returned to our office and we have the proper authorization, in writing, with your signature.

Participant Name: \_\_\_\_\_

Participant SSN#: xxx-xx-\_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_

Participant Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Benefit Fund Office to make  
(Please Print Name)

the following change effective as of \_\_\_\_\_.

(Date of Change)

My New Address Will Be:

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All correspondence will be sent to the address listed above as of the effective date listed.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_