



Local 513 - Fringe Benefit Funds
International Union of Operating Engineers, AFL-CIO

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ADDRESS VERIFICATION/CHANGE FORM

Reason for the address change form:

- ☐ Members 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, Pension, Annuity and Vacation Funds being placed in **Pend** status until proper authorization is received.

Full Name: _____

New Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email Address:** _____

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

Reason for change of address: Relocated for work Married Divorced

Legal Separation Purchased new home Other

Explain "other": _____

Member Signature: _____

Date: _____ **Effective Date of Address Change:** _____

**REMEMBER TO CHANGE YOUR ADDRESS WITH
THE UNION LOCAL 513.**