



Iron Workers' Local No. 25 Fringe Benefit Funds

P.O. Box 99219

Troy, MI 48099-9219

Phone: (248) 347-3100 Toll Free: (800) 572-8553 Fax: (248) 813-9898

Website: www.iw25fringe.org

CHANGE OF ADDRESS NOTICE

Member Full Name _____ Social Security No. _____
If applicable: _____ (PRINT)

If applicable: (PRINT)

Beneficiary/Ex-Spouse _____ Social Security No. _____
(PRINT)

***Note: If you are the beneficiary or ex-spouse, please include the members name for reference. ***

Old Address

Street Address

City

State

ZIP+4

New Address

Street Address

City

State

ZIP+4

Telephone No. _____ / _____ Birth Date _____

Home

Cell

Signature _____ Date _____
(Must be signed)



Reason you are receiving this form: _____