



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: _____

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