

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

FUND NAME: MICHIGAN LABORERS' FRINGE BENEFIT FUNDS

****PLEASE PRINT ALL INFORMATION****

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER: _____

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS FROM:

TO:

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: This change cannot be made without participant signature.)

RETURN THIS COMPLETED FORM TO:

MICHIGAN LABORERS' FRINGE BENEFIT FUNDS
6525 Centurion Drive
Lansing, MI 48917-9275

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____ *By:* _____

Date changed on BCBSM: _____ *By:* _____

Date changed on Pension: _____ *By:* _____