



ELECTRICAL WORKERS

FRINGE BENEFIT ADMINISTRATIVE OFFICE

1828 NORTH MERIDIAN STREET • SUITE 103 • INDIANAPOLIS, IN 46202
PHONE 317/923-4577 • FAX 317/923-7633 • EMAIL: INFO@EWBTF.ORG

Change of Address Authorization

Name of Participant (please print): _____

ID Number (on Health Insurance Card) or
Participants Social Security Number: _____

Old Address: _____

New Address: _____

Phone Number (with area code): _____

Signature of Participant

Date

Please note: Address changes cannot be updated in our computer system until this form has been signed, completed, and returned to our office. Thank you.