



Heat and Frost Insulators Local 34
3001 Metro Drive - Suite 500
Bloomington, MN 55425

Phone: (952) 851-5948
Fax: (952) 854-1632



Change of Address

- This address change is for:
- Participant & Household
 - Participant ONLY
 - Dependent ONLY

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Suffix

Last 4 Digits of Social Security Number

Dependent Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Suffix

Effective Date of Address Change

Date

Mailing Address

<input type="text"/>	<input type="text"/>
Street Address	Street Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Postal/Zip Code

- Is your Mailing Address the same as your Home Address?
- Yes
 - No

Home Address

<input type="text"/>	<input type="text"/>
Street Address	Street Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Postal/Zip Code

Phone Number

Please enter a valid phone number

Email

example@example.com

Consent to Receive and Execute CHANGE OF ADDRESS FORM Electronically

I acknowledge that I am consenting to receive and execute CHANGE OF ADDRESS FORM for the Heat & Frost Insulators Local 34 Health and Welfare Plan electronically.

I further acknowledge the following:

- That I have read the plan's statement regarding electronic disclosures.
- That this consent applies to only this specific document. I must consent each time I wish to receive and execute a plan related document electronically.
- That I can complete and receive a copy of this document in electronic form.
- That I can withdraw this consent at any time without charge and instead complete the document in paper form. I can withdraw consent at any time by sending an email message to insulators34benefits@wilson-mcshane.com that includes in the subject line: Consent Withdrawn for Electronic Disclosure of CHANGE OF ADDRESS FORM
- I have the right to request and obtain a paper copy of this document and it will be provided free of charge.

Full Name

Email Address

Signature