

PLUMBERS, PIPEFITTERS & MES LOCAL 392  
BENEFIT OFFICE

CHANGE OF ADDRESS

SSN: XXX – XX – \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

RECEIVED VIA: \_\_\_\_\_

RECEIVED & UPDATED BY: \_\_\_\_\_