CHANGE OF ADDRESS FORM

Wilson McShane Corporation

St. Paul Electrical Workers Fringe Benefits Office

1330 Conway St. Ste # 130
St. Paul, MN 55106
952-851-5949

EFFECTIVE DATE: _____

_____

FIRST NAME MI LAST NAME SSN

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL #: _____

EMAIL ADDRESS: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

PLEASE CIRCLE ONE OF THE ABOVE & CHECK ONE OF THE BELOW

_____ SELECT IF ADDRESS CHANGE IS FOR THE **MEMBER'S FAMILY**

_____ SELECT IF ADDRESS CHANGE IS FOR **MEMBER'S DEPENDENT**

_____ _____

SIGNATURE DATE

You may also email this to spewbenefits@wilson-mcshane.com or fax 651-776--9973