

**MASSACHUSETTS LABORERS' BENEFIT FUNDS**

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**CHANGE OF ADDRESS**

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

SSN/UEM/P#: \_\_\_\_\_ LOCAL UNION #: \_\_\_\_\_

**MEMBER CHANGE OF ADDRESS**

**OLD ADDRESS**

**NEW ADDRESS**

STREET: \_\_\_\_\_

STREET: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

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

**DEPENDENT CHANGE OF ADDRESS – PLEASE CIRCLE YOUR RELATIONSHIP TO THE MEMBER**

DEPENDENT NAME: \_\_\_\_\_ (SPOUSE/EX-SPOUSE/CHILD)

DEPENDENT NAME: \_\_\_\_\_ (SPOUSE/EX-SPOUSE/CHILD)

DEPENDENT NAME: \_\_\_\_\_ (SPOUSE/EX-SPOUSE/CHILD)

**OLD ADDRESS**

**NEW ADDRESS**

STREET: \_\_\_\_\_

STREET: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

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