



# MASSACHUSETTS LABORERS' BENEFIT FUNDS

## MEMBER CONTACT SHEET

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

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

### **ADDRESS WE HAVE ON FILE:**

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **CORRECT CONTACT INFORMATION:**

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

EMAIL \_\_\_\_\_

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

### **➤ DEPENDENT CONTACT INFORMATION – PLEASE CIRCLE YOUR RELATIONSHIP TO THE MEMBER**

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

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

### **ADDRESS WE HAVE ON FILE:**

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **CORRECT CONTACT INFORMATION:**

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

EMAIL \_\_\_\_\_

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

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