

OPERATING ENGINEERS LOCAL 139  
HEALTH BENEFIT FUND

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## ADDRESS CHANGE FORM

OEI IDENTIFICATION NUMBER \_\_\_\_\_

(OR)

SOCIAL SECURITY NUMBER OF THE 139 MEMBER \_\_\_\_\_

NAME OF THE 139 MEMBER \_\_\_\_\_

RELATIONSHIP TO MEMBER \_\_\_\_\_

ADDRESS CHANGE FOR:  SELF (INDIVIDUAL)  FAMILY (WHOLE HOUSEHOLD)

NAME \_\_\_\_\_

NEW STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

ADDRESS CHANGE EFFECTIVE DATE \_\_\_\_\_

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

EMAIL (IF 139 MEMBER) \_\_\_\_\_

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

(THE 139 MEMBER MUST SIGN IF CHANGING THE ADDRESS FOR THE WHOLE HOUSEHOLD)

PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE