

MID CENTRAL OPERATING ENGINEERS  
HEALTH & WELFARE FUND

**Change of Address  
Request**

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Member Name

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Member ID

**NEW ADDRESS:**

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Street

PO

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City

State

Zip

Current Contact Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

Current Email Address: \_\_\_\_\_

**OLD ADDRESS:**

---

Street

PO

---

City

State

Zip

---

Member Signature

Date

