



TEAMSTERS LOCAL UNION NO. 731
HEALTH/WELFARE-PENSION FUND

1000 Burr Ridge Parkway, Suite 301 • Burr Ridge, IL 60527 • (630) 887-4150 • Fax (630) 887-4155

Change of Address Form

(Please Print)

Member's BCBS ID No. or Last 4 digits of SSN: _____

Member Name: _____

New Address: _____

Street address (Include Apt, Unit or Floor)

City

State

Zip Code

Home Phone No.: _____

Cell Phone No.: _____

Email Address: _____

Member Signature

Date

Please complete, sign and return this form to:
Local 731, I.B. of T., Welfare / Pension Funds
1000 Burr Ridge Parkway, Suite 301
Burr Ridge, IL 60527

PLEASE NOTE: Address changes are only honored if submitted by the Member.