

TOLEDO ELECTRICAL BENEFIT PLANS CHANGE OF ADDRESS FORM

1. Member Name (First, Middle Initial, Last Name)		2. Social Security Number	
3. Your <u>OLD</u>: Address (Street or P.O. Box)	City	State	Zip Code
4. Phone Number		5. Email	
6. Your <u>NEW</u>: Address (Street or P.O. Box)	City	State	Zip Code
7. Phone Number		8. Email	
9. Signature		10. Date	
11. Print your name			

FOR OFFICE USE ONLY			
Date updated:		Employee Initials:	
FAX TO:			
	Local 8 (419) 666-3984		MOST
	Funds Office (419) 666-5410		FMCP
	JATC (419) 666-0336		ERTS
	Credit Union (419) 666-3760		NEBF/NEAP