

# INDIANA TEAMSTERS HEALTH BENEFITS FUND



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## Change of Address Form (Please Print)

Member's  
Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Member's ID # or Last 4SS#

Old Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

New  
Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Telephone #

\_\_\_\_\_

Email  
Address

\_\_\_\_\_

Member's  
Signature

\_\_\_\_\_

Date

\_\_\_\_\_