

CHANGE OF ADDRESS
(TO BE COMPLETED BY THE PARTICIPANT)

MICHIGAN STATE PAINTERS INSURANCE FUND

*****PLEASE PRINT ALL INFORMATION*****

PARTICIPANT NAME: _____

PARTICIPANT SOCIAL SECURITY NUMBER OR MEMBER ID NUMBER:

LOCAL UNION #: _____ PARTICIPANT DATE OF BIRTH: _____

PLEASE CHANGE MY ADDRESS FROM:

PHONE NUMBER: _____

AND CHANGE MY ADDRESS TO:

PHONE NUMBER: _____

EFFECTIVE DATE OF ADDRESS CHANGE: _____

PARTICIPANT SIGNATURE: _____

(NOTE: This change cannot be made without participant signature)

RETURN THIS COMPLETED FORM TO:

MICHIGAN STATE PAINTERS INSURANCE FUND

6525 Centurion Drive
Lansing, MI 48917-9275
FAX #: 517-321-7508

THIS SECTION – FUND OFFICE USE ONLY

Date changed on BMS: _____

By: _____

Date changed on BCBS: _____

By: _____

Date changed on Pension: _____

By: _____

Date received in office: _____