

SEIU Michigan Health and Welfare Fund

If you have insurance benefits under the Fund, please complete.

Member's Change of Address Form

Member's Name: _____ Gender: **Male** **Female**
(First, Middle and Last Names, as applicable) (Check One)

Home Address: _____
(Street Number, Street Name and Apartment Number, as applicable)

City: _____ State: MI ZIP: _____ County: _____

Phone # _____ Date of Birth: _____
(Use (NNN) NNN-NNNN format) (Use MM/DD/YYYY format)

Email: _____

Employer's Name: _____ Work Site Name: _____

Work Site Address: _____ Date of Hire: _____
(Complete Street Address of Work Site) (Use MM/DD/YYYY format)

Full time Part time On-Call Hours per Week _____ Union Seniority Date: _____
(Check One) (Hours worked M-F) (Use MM/DD/YYYY format)

Signature of Member: _____

Today's Date: _____ (Use MM/DD/YYYY format)

Information is current as of this date.

Email completed forms to Lweaver@tici.com
Or mail to SEIU Michigan Health and Welfare Fund, c/o TIC International Corp.
30700 Telegraph Road, Suite 2400, Bingham Farms, Michigan 48025