

**CHANGE OF ADDRESS**  
(TO BE COMPLETED BY THE PARTICIPANT)  
**MICHIGAN ELECTRICAL EMPLOYEES HEALTH PLAN**  
6525 Centurion Drive  
Lansing, MI 48917  
Toll Free: 855-633-45884  
Fax: 517-321-7508  
[www.mielectricalhealth.org](http://www.mielectricalhealth.org)

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

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT ID# or SS# \_\_\_\_\_

LOCAL UNION #: \_\_\_\_\_ PARTICIPANT DATE OF BIRTH: \_\_\_\_\_

PLEASE CHANGE MY ADDRESS FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

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

**RETURN THIS COMPLETED FORM TO:**

FUND OFFICE  
6525 Centurion Drive  
Lansing, MI 48917 – 9275

**THIS SECTION – FUND OFFICE USE ONLY**

Date changed on BMS: \_\_\_\_\_ By: \_\_\_\_\_

Date changed on BCBSM: \_\_\_\_\_ By: \_\_\_\_\_

Date changed on Pension: \_\_\_\_\_ By: \_\_\_\_\_