



**Local 705 International Brotherhood of Teamsters
Health & Welfare and Pension Funds**
1645 West Jackson Boulevard
Chicago, Illinois 60612
(312) 738-2811

CHANGE OF ADDRESS FORM

Participant's Name: _____

Last four digits of your Social Security Number: XXX-XX- _____

New Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Signature

Date