

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / DCP

100 CORSON STREET, SUITE 100 • PASADENA, CALIFORNIA 91103 • (866) 400-5200

P.O. BOX 7063, PASADENA, CALIFORNIA 91109

TTY: (626) 356-3582 WEBSITE: www.oefi.org



Change of Address

It is very important that the Fund Office has, in addition to your mailing address, a record of your current physical address on file. Your physical address is important for Plan enrollment.

The Fund office will continue to send communications to the mailing address you specify, not the physical address, if they are different. Please complete the form below:

Participant's Information			
Social Security Number / OE ID		Date of Birth ____/____/____	
Last Name	First Name	Middle Initial	
Mailing Address /Contact Information			
Street Address 			
City		State	ZIP Code
Home Phone Number ()	Mobile Phone Number ()	Email Address	
Physical Address (please complete if applicable)			
Street Address 			
City		State	ZIP Code
Signature (required)			
X		Date ____/____/____	

Changes of address cannot be accepted unless the change is in writing and is signed by the eligible participant.

Please return form to:

Operating Engineers Trust Funds, PO Box 7063, Pasadena, CA 91109

eSign and Submit

- ☐ I understand that by checking this box I acknowledge that I am the signee and that entering my name in the Electronic Signature field constitutes a legal signature. Further, I warrant and agree that I am duly authorized to sign and that the information I entered on this form is correct to the best of my knowledge.
- ☐ I hereby certify under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge.

Email (to send confirmation that form was successfully received)

Electronic Signature (First and Last Name)