



Heat and Frost Insulators Local 34  
3001 Metro Drive - Suite 500  
Bloomington, MN 55425

Phone: (952) 851-5948  
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## Change of Name

This address change is for:  Participant ONLY

Dependent ONLY

Last 4 Digits of Social Security Number

Phone Number

Please enter a valid phone number

Email

example@example.com

Incorrect Name




First Name

Middle Name

Last Name

Suffix

Correct Name




First Name

Middle Name

Last Name

Suffix

Consent to Receive and Execute CHANGE OF NAME FORM Electronically

I acknowledge that I am consenting to receive and execute CHANGE OF ADDRESS FORM for the Heat & Frost Insulators Local 34 Health and Welfare Plan electronically.

I further acknowledge the following:

- That I have read the plan's statement regarding electronic disclosures.
- That this consent applies to only this specific document. I must consent each time I wish to receive and execute a plan related document electronically.
- That I can complete and receive a copy of this document in electronic form.
- That I can withdraw this consent at any time without charge and instead complete the document in paper form. I can withdraw consent at any time by sending an email message to [insulators34benefits@wilson-mcshane.com](mailto:insulators34benefits@wilson-mcshane.com) that includes in the subject line: Consent Withdrawn for Electronic Disclosure of CHANGE OF NAME FORM
- I have the right to request and obtain a paper copy of this document and it will be provided free of charge.

Full Name

Email Address

Signature