



CHANGE OF ADDRESS FORM



There are three (3) ways you can change your address*:

- 1) Login into your www.My150.com account and change the address in the 'My Profile' page in a matter of moments.

or

- 2) Visit the MOE Funds Office or Local 150 District Office to complete this form and provide a copy of a Photo ID (Please complete Section 1 of this form).

or

- 3) Complete this form which **must be notarized**, then mail to the MOE Funds Office at 6150 Joliet Road, Countryside, IL 60525 (Please complete Sections 1 and 2 of this form).

**Address changes will only be accepted from the Member (Spouses cannot submit on behalf of the Member)*

Section 1:

MEMBER'S NAME: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____

SOCIAL SECURITY NUMBER or MOE MEDICAL ID: _____

DATE YOU MOVED TO NEW ADDRESS: _____ CURRENT DATE: _____

E-MAIL ADDRESS: _____

MEMBER'S SIGNATURE _____ DATE: _____

Section 2:

State of _____

County of _____

On the ____ day of _____, 20__ before me came _____ and proved to me on the basis of satisfactory evidence to be the person described and who executed the foregoing Change of Address.

Date

My Commission Expires (Notary Seal)

Section 3 – To Be Completed By Internal Staff Member:

Local 150 District or Fringe Benefits Office Verification

District Office # _____ Fringe Benefits Office

Photo ID Must Be Presented

Staff Member (Print): _____

Staff Member (Sign): _____ DATE: _____