

Date: _____

RE: Request for Change of Address

Dear Participant:

In order to comply with the new HIPAA law, all changes of address must be made in writing. The Fund Office will not change an address without the signature of the member.

Please complete this form in its entirety and mail it back to the Fund Office in the enclosed self-addressed envelope as soon as possible to ensure that the change is made in a timely fashion.

NAME OF MEMBER: _____ SS# _____

OLD ADDRESS: _____ COMPANY: _____

NEW ADDRESS: _____

NEW PHONE NUMBER (If Applicable): _____ WORK PHONE: _____

EFFECTIVE DATE OF CHANGE: _____

ADDRESS CHANGE FOR ALL ELIGIBLE DEPENDENTS? YES / NO**

SIGNATURE OF MEMBER: _____ Date: _____

Sincerely,

Eligibility Department

** If change of address is not for all eligible dependents, please include written explanation.
Thank you.