



**Welfare, Pension and Annuity Funds of
Local No. One, I.A.T.S.E.**

320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

CHANGE OF ADDRESS FORM

The Fund Office recently received a change of address from you by phone or email, via the Union, or through a post office notification.

For legal reasons and your protection, the Fund requires a written and signed change of address request. Please confirm that the information below is correct, sign at the bottom, and return the form to us in the enclosed stamped envelope.

Thank you!

Participant Name Social Security Number

Marital Status ☐ Single ☐ Married Birth Date

Mailing Address & Apt #

City State Zip

Home Phone Work Phone Cell Phone

Email Address

EFFECTIVE DATE

Participant Signature _____ Date

OFFICIAL USE ONLY

DATE MAILED

Data Entry:	Date Entered	Initials	Data Entry:	Date Entered	Initials
Enrollment	<input type="text"/>	<input type="text"/>	COBRA	<input type="text"/>	<input type="text"/>
Self Pay	<input type="text"/>	<input type="text"/>	Pension	<input type="text"/>	<input type="text"/>
CIGNA	<input type="text"/>	<input type="text"/>	Email	<input type="text"/>	<input type="text"/>