

CHANGE OF ADDRESS FORM

This form is fillable: you can type in your information.

FULL NAME (FIRST AND LAST) MEMBER ID #

OLD ADDRESS CITY STATE ZIP CODE

OLD TELEPHONE NUMBER OLD EMAIL ADDRESS

NEW ADDRESS CITY STATE ZIP CODE

NEW TELEPHONE NUMBER NEW EMAIL ADDRESS

X MEMBER'S SIGNATURE DATE (MM/DD/YYYY)

Complete and mail to:
1199SEIU Benefit Funds
Member Eligibility Department
PO Box 1035
New York, NY 10108-1035

Or

Fax to: (646) 473-8878

Note: You should also complete Change of Address Form #3575 at your local Post Office.