



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

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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 the Fund Office.

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**

DATE MAILED

FUND OFFICE USE ONLY

Data Entry:

Date Entered

Initials

Data Entry:

Date Entered

Initials

Enrollment

Medical carrier

Email UN/MM

Does member have Medicare? Yes, Give form to Welfare

No