

I.A.T.S.E. National Benefit Funds
417 Fifth Avenue, 3rd Floor
New York, NY 10016-2204

CHANGE OF ADDRESS / CENSUS CARD

Please complete the information requested below so that we may update our records. To validate this information, **your signature is required**. For your protection, always report address changes immediately. PLEASE PRINT:

Participant Information

<u>Last Name</u> _____	<u>First Name</u> _____	<u>Middle Name</u> _____		
<u>Street Address</u> _____	<u>Apt/Unit #</u> _____	<u>City</u> _____	<u>State</u> _____	<u>Zip Code</u> _____
Participant SSN (required): _____ / _____ / _____		Participant ID Number: _____ (if known)		
Date of Birth: ____ / ____ / ____		Gender (circle one): M F		Country of Residence: _____

The address above is (check one):

- My new primary home address
- My secondary home address
- A summer/vacation home address
- Other: _____

Email Address: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Other: _____

Dependent Information:

Spouse/Domestic Partner Name: _____ Sex (Circle) M/F

Date of Birth: ____ / ____ / ____ SSN: _____ / _____ / _____

Child Name _____ Sex M/F Date of Birth ____ / ____ / ____ SSN: _____

Child Name _____ Sex M/F Date of Birth ____ / ____ / ____ SSN: _____

Child Name _____ Sex M/F Date of Birth ____ / ____ / ____ SSN: _____

***Please note that a copy of your marriage certificate/domestic partner paperwork and dependent birth certificate(s) are required to be on file if you are enrolled in family coverage or submitting claims through MRP.**

Participant Signature (required) _____

Please return completed form via e-mail to PSC@iatsenbf.org, or via fax to 646-783-7650 or mail to the address above, attention Support Services.