

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 (circle one): primary secondary vacation other Home Local: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Dependent Information:

Spouse Name: _____ Sex (Circle) M/F

Date of Birth: _____ / _____ / _____ SSN: _____ / _____ / _____
MANDATORY

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

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

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

***Please note that a copy of your marriage certificate 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, via fax to 646-783-7650 or mail to the address above, attention Support Services.