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## Change of Address Form

**RED FORM - MEMBERS INSTRUCTIONS**

**BLUE FORM - SPOUSE OF DECEASED MEMBER  
SPOUSE ONLY ( NOT INCLUDING MEMBER)  
DEPENDENTS, BENEFICIARY.**

In order to process your change of address you must complete sign and return the enclosed form.

Your information *will not* be  
changed without this form.

The form is self-explanatory. Your “Membership status” refers to whether you are active, retired or withdrawal, etc.

You must list spouse and/or dependents who will be at the new address.

If you do not list these persons individually their addresses will not change when your new address is entered.

If you have any questions  
Please Contact Us.

**MEMBERS ONLY**

Entered

Official Use Only

**CHANGE OF ADDRESS / INFORMATION FORM**

Please Print Clearly

Member / Participant \_\_\_\_\_

Health ID Number ELH999 \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Membership Status (Active) (Retired) (Withdrawl) \_\_\_\_\_

**Please list, by name, those family members to which this address change applies:**

Spouse: \_\_\_\_\_

Dependents: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**Old Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**New Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note/Comments \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*SPOUSE OF DECEASED MEMBER,  
EX-SPOUSE  
DEPENDENTS,  
BENEFICIARY.*

Entered

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**CHANGE OF ADDRESS / INFORMATION FORM**

Please Print Clearly

Spouse of Deceased \_\_\_\_\_

Beneficiary, Ex-Spouse Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID # \_\_\_\_\_

**Name of Member related to you** \_\_\_\_\_

**Please list, by name, those family members to which this address change applies:**

Spouse: \_\_\_\_\_

Dependents: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**Old Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**New Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note/Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_