UFCW LOCAL 360 BENEFIT FUNDS
48 STILES LANE, SUITE 204
PINE BROOK, NJ 07058
TEL: (973) 299-6700 FAX: (973) 299-1288
EMAIL: 360HEALTH@TSONLINE.COM

ADDRESS VERIFICATION/CHANGE FORM:

(PLEASE PRINT)

MEMBER'S NAME**:** _____

HOME TEL NO: _____ CELL TEL NO: _____

LAST 4 DIGITS SSN _____ MEMBER ID _____

FORMER ADDRESS:

STREET ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

CURRENT ADDRESS:

STREET ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

MEMBER SIGNATURE: _____DATE: _____

CHANGE APPLIES TO: ___ MEMBER

___ SPOUSE

___ ACTIVE DEPENDENTS

FORWARD UPDATE TO UFCW LOCAL 360 _____ (Y/N)

*** * *** ***FILE WILL BE UPDATED UPON RECEIPT OF WRITTEN REQUEST*** *** * ***