

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>
_____	_____	_____	_____	_____
<u>Participant SSN (required):</u> _____/_____/_____		<u>Participant ID Number:</u> _____ (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.