



CHANGE OF ADDRESS FORM

To notify the Fund Office of a change in your address, please clearly print the information* requested and mail it** to:

Eligibility Department
UFCW National Health and Welfare Fund
66 Grand Avenue
Englewood, NJ 07631-3545

Member's Name: (please print) _____

Member's SS # or ID Number: (from your health insurance card) _____

New Address: _____

City: _____ State: _____ Zip: _____

Effective date of new address: _____

Telephone number: (_____) _____ please home () cellular

Email Address: _____

Member's Signature: _____ Date signed: _____

*Please Note: **All information is confidential.**

** You may email this form to eligibility@ufcwnationalfund.org or Fax to: 201-569-8801