



DC 37 LOCAL 389 HOME CARE EMPLOYEES' HEALTH AND WELFARE FUND

420 West 45th Street,
5th Floor
New York, NY 10036

CHANGE OF ADDRESS FORM

MEMBER'S NAME

Last Name First Name Middle Initial

SOCIAL SECURITY NUMBER

FORMER ADDRESS

Street Address

Apt. No.

City State

Zip Code

TELEPHONE NUMBER (FORMER)

NEW ADDRESS

Street Address

Apt. No.

City

State

Zip Code

TELEPHONE NUMBER (NEW)

MEMBER SIGNATURE

Date

Month Day Year

SUBMITTED BY

COMMENTS

Thank You for Helping us Update Your Records