

# United Staff Association Welfare Fund

253 West 35<sup>th</sup> Street, 12<sup>th</sup> floor

New York, NY 10001

(914) 250-0700

## CHANGE OF ADDRESS FORM

Please use this form *ink only* to complete the following information and sign at the bottom so that we may update your records.

MEMBER FULL NAME \_\_\_\_\_  
LAST NAME FIRST NAME

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC. NO. \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. STREET FLOOR/APT#

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

HOME NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

STATUS:  SINGLE  MARRIED  WIDOWED  DIVORCED  LEGALLY SEPARATED

### NEW ADDRESS:

ADDRESS \_\_\_\_\_  
NO. STREET FLOOR/APT#

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

SIGNATURE \_\_\_\_\_

*Information will NOT be processed without signature*