

**SOUTHERN CALIFORNIA UNITED FOOD & COMMERCIAL WORKERS UNIONS AND  
DRUG & GENERAL SALES EMPLOYERS TRUST FUNDS**



Phone: 323-666-8910 Fax: 323-913-0484

Return form to:  
So. Calif. Drug Benefit Fund  
P.O. Box 27920  
Los Angeles, CA 90027

## CHANGE OF ADDRESS FORM

**The Trust Fund recently sent you a notice that was returned by the U.S. Postal Service indicating a Forwarding Address.**

*Type of Document Returned:*  Claims Correspondence/Check/EOB  Open Enrollment Material  
 Pension Plan Summary Annual Report  Other: \_\_\_\_\_  
 (This mail will be held until this signed Change of Address Form is received in our office.)

**You have otherwise indicated that you wish to change your address with the Trust Fund.**

*For your protection, all address changes must be submitted to the Trust Fund Office in writing, signed by the Participant. Please fill out the form below and return to the above address or to your Union Local Insurance Office.*

***The Trust Fund cannot change your address without your signature.***

**PARTICIPANT INFORMATION:** *(Please print clearly with blue or black ink)*

			Who is Requesting Address Change?	
Last _____	First _____	MI _____	1. <input type="checkbox"/> Participant Only 2. <input type="checkbox"/> Participant's Entire Family 3. <input type="checkbox"/> Dependent Only: (see below)	
ID#: DF: _____	or XXX-XX- _____	Date of Birth _____		
Fund ID # or last 4 digits of Participant's SSN _____				
Participant's Union Local _____		Participant's Employer _____		If Box 3 is checked, above please indicate below Full Name of Dependent requesting correspondence and claim information to be sent to separate address from Participant.
If this Address Change is for a <b>Dependent only</b> , please indicate <b>Dependent Name:</b> _____		Dependent First and Last Name _____	Date of Birth _____	

**OLD ADDRESS:**

Street _____	City _____	State _____	Zip _____
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**NEW ADDRESS:**

Street _____	Apt. _____	City _____	State _____	Zip _____
Phone Number _____		Effective Date of Change _____		

**I hereby request that my address be changed:** \_\_\_\_\_

**Signature**

**Date**

For Office Use Only

UNION LOCAL	Date	Initials	TRUST FUND:	Date	Initials
<input type="checkbox"/> Copy to Trust:			<input type="checkbox"/> System Updated:		
Notes			<input type="checkbox"/> Return Mail handled		
			Notes		