

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:

The IRS requires reporting of all spouse/dependent social security numbers for those who are in coverage, pursuant to the reporting requirements of the Affordable Care Act. If you have not yet acquired a social security number for your dependent(s), please check the box below, and sign. We will follow-up with you to ensure procurement of this information.

participant signature

Spouse/Domestic Partner Name: _____ Sex (Circle) M/F

Date of Birth: _____ / _____ / _____ SSN: _____ / _____ / _____

Child Name _____ Sex M/F Date of Birth _____ / _____ / _____ SSN: _____

Child Name _____ Sex M/F Date of Birth _____ / _____ / _____ SSN: _____

Child Name _____ Sex M/F Date of Birth _____ / _____ / _____ SSN: _____

Participant Signature (required) _____

Please return completed form via e-mail to PSC@iatsenbf.org, or via fax to 646-783-7650 or mail to the address above, attention Support Services.