



New York City District Council of Carpenters

BENEFIT FUNDS

Dear Participant,

According to the guidelines of the New York City District Council of Carpenters Benefit Funds, all address changes must be done in person at the Fund Office with a valid photo ID, or by returning a change of address form along with a copy of a valid photo ID. Additionally, please note that in order to ensure the proper administration of benefits you must provide the Fund Office with a physical address. However, you may also provide a P.O. Box address for mailing purposes.

Change of address forms can be found on the Benefit Funds' Website (www.nyccbf.com) under Member Documents, or you may contact the Fund Office to have a change of address form mailed to you. Changes will be made as soon as administratively possible.

You may return your completed, signed, and dated form along with the proper documentation to:

**NYCDCC Benefit Funds
Attn: Member Services
395 Hudson Street, 9th Floor
New York, NY 10014**

OR

By Fax: (212) 366-7845

OR

By E-mail: MemberServices@nyccbf.org

If you have any further questions, please feel free to contact the NYCDCC Benefit Funds at (800) 529-3863.

Thank you,

NYCDCC Benefit Funds

CHANGE OF ADDRESS NOTICE

MAIL TO: NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS
395 HUDSON STREET, 9th FL - MEMBER SERVICES
NEW YORK, NY 10014
FAX: (212) 366-7845; **EMAIL:** MemberServices@nyccbf.org

PLEASE BE ADVISED THAT YOU MUST HAVE A PHYSICAL ADDRESS ON FILE

YOU MAY ALSO ELECT TO HAVE A P.O. BOX ADDRESS ON FILE FOR MAILING PURPOSES

NAME (PLEASE PRINT): _____
First M.I. Last Suffix

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

MARITAL STATUS (CHECK ONE): Single Married Divorced Widowed
Date _____ Date _____ Date _____

LOCAL UNION #: _____ UBC#: _____ - _____

HOME PHONE #: (_____) _____ - _____

CELL PHONE #: (_____) _____ - _____

EMAIL ADDRESS: _____

NEW PHYSICAL ADDRESS: _____

_____ , _____ - _____
(CITY) (STATE) (ZIP CODE) (ZIP +4)

MAILING ADDRESS: _____

(*IF DIFFERENT FROM PHYSICAL ADDRESS) _____
_____ , _____ - _____
(CITY) (STATE) (ZIP CODE) (ZIP +4)

SIGNATURE: _____ DATE: _____

*** YOU MUST PROVIDE A COPY OF A VALID PHOTO ID ***