



P.O. Box 4100 · Concord, CA 94524-4100
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www.uncwtrust.com

CHANGE OF CONTACT INFORMATION FORM

Please Print

Date of new Address:	_____/_____/_____ Month Day Year		
My Name:	Last 4 Digits of Social Security # XXX - XX - ____ ____ ____ ____		
Member ID #			
Old Address:			
Street or PO Box		APT/SUITE #	
City or Post Office	State	Zip+4	
New Address:			
Street or PO Box		APT/SUITE #	
City or Post Office	State	Zip+4	
New Home Phone # (if applicable) :	Email Address:		
*Signature:	Date:		
* Must be signed by Member or authorized Personal Representative			
Please send the completed and signed form to: UFCW & Employers Trust, LLC Attn: Health & Welfare Services Dept. P.O. Box 4100, Concord, CA 94524-4100 The information you provide UFCW & Employers Trust, LLC will be shared with the benefit funds in which you participate and which are administered by UFCW & Employers Trust, LLC, including, as applicable, the UFCW & Employers Benefit Trust, UFCW Northern California and Drug Employers Health and Welfare Trust, UFCW-Northern California Employers Joint Pension Trust Fund, UFCW Pharmacists, Clerks and Drug Employers Pension Trust, Retail Clerks Specialty Stores Pension Fund, and UFCW-Northern California Food Employers Joint Individual Account Trust Fund.			