P.O. Box 4100 · Concord, CA 94524-4100
Telephone: (800) 552-2400 · Facsimile: (925) 746-7549
www.ufcwtrust.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: *** Must be signed by Member or authorized Personal Representative**	Date:	

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.