



CHANGE OF ADDRESS FORM

VERSION: 05/23/25

(This form was downloaded from the www.uncw1776benefitfunds.org website.)

RE: Request for Change of Address

Dear Participant:

Participants of the UFCW Local 1776 and Participating Employers Health and Welfare Fund ("Fund") must make all changes of address in writing. The Fund Office will not change the address of a participant without the signature of that participant. Therefore, please complete this form in its entirety, and mail it back to the Fund Office in the enclosed envelope as soon as possible to ensure that the change is made in a timely fashion.

Very truly yours,

The Fund Office

PARTICIPANT INFORMATION

Name: _____
Social Security Number: _____ Employer: _____
Phone Number: _____ Email: _____

OLD ADDRESS

Address 1: _____
Address 2: _____
City, State, ZIP: _____

NEW ADDRESS

Address 1: _____
Address 2: _____
City, State, ZIP: _____
Effective Date of Address Change: _____

The Fund Office will notify UFCW Local 1776KS and the UFCW Local 1776 Federal Credit Union of your address change. If you do not want the Fund Office to share your address with either organization, check the box(es) below:

- ☐ Do not send my address to UFCW Local 1776KS.
- ☐ Do not send my address to the UFCW Local 1776 Federal Credit Union.

Signature: _____ Date: _____