

I.A.T.S.E. National Benefit Funds  
417 Fifth Avenue, 3<sup>rd</sup> 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>
_____	_____	_____	_____	_____
<b>Participant SSN (required):</b> _____ / _____ / _____		<b>Participant ID Number:</b> _____ (if known)		
Date of Birth: _____ / _____ / _____		Country of Residence: _____		
Sex (circle one): Male / Female / Non-Binary / Unknown				

The address above is (circle one): primary secondary vacation other Home Local: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Dependent Information:**

Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MANDATORY

Sex (circle one): Male / Female / Non-Binary / Unknown

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_  
MANDATORY

Sex (circle one): Male / Female / Non-Binary / Unknown

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_  
MANDATORY

Sex (circle one): Male / Female / Non-Binary / Unknown

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_  
MANDATORY

Sex (circle one): Male / Female / Non-Binary / Unknown

**\*Please note that a copy of your marriage certificate and dependent birth certificate(s) are required to be on file if you are enrolled in family coverage or submitting claims through MRP.**

**Participant Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

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