RE: CHANGE OF ADDRESS / PHONE NUMBER NOTIFICATION

Dear Member:

We have received notification of an address and/or phone number change.

We require this information directly from our member along with their signature.

Please complete, sign, date and return this letter to The Health Fund, using the enclosed self-addressed envelope.

If you have any questions, please contact The Health Fund office at 315-455-9790 or toll free at 1-877-698-3863.

Sincerely,

New York State Teamsters Health Fund

Member Name	
ID# / SS#	
Old Address	
Street	
City, State Zip	
New Address	
Street	
City, State Zip	
Phone No.	
Signature	Date