



# Health and Welfare Fund

Patrolmen's Benevolent Association of the City of New York

125 Broad Street, 11th Floor

New York, NY 10004

Phone: (212) 349-7560 Fax: (212) 437-9480

[www.nycpba.org](http://www.nycpba.org)

## Change of Address Form

Member's Social Security Number:		Name (Last, First, Middle)	
<b>Previous Address</b>	Number and Street		
	City	State	Zip Code
	Apartment No.	Work Phone	
<b>New Address</b>	Number and Street		
	City	State	Zip
	Apartment No.	Home Phone	
	Mobile Phone	E-mail Address	
<b>Only complete this section if you have eligible dependents, who do not currently live with you.</b>			
<b>Eligible Dependents</b>	Dependent's Name (Last, First, Middle)		
	Number and Street		
	City	State	Zip Code
	Dependent's Name (Last, First, Middle)		
	Number and Street		
	City	State	Zip Code

**For change to be made, this form must be signed by the Member.**

Member's Signature:	Date:

<b>For Office Use Only:</b>

