



# Health & Welfare Fund

Police Benevolent Association of the City of New York, Inc.  
125 Broad Street, 11<sup>th</sup> Floor  
New York, NY 10004  
Phone: (212) 349-7560  
Fax: (212) 437-9480  
www.nycpba.org

## Change of Address Form

### Instructions:

Please use this form to update your mailing address. Be sure to fill out this form both accurately and completely, as it is essential that the PBA Funds Office has your most up to date information to administer your Health and Welfare benefits to you and your eligible dependents.

Please be aware that you must also update your information with the City of New York separately. The PBA Funds Office and the City of New York do not share or exchange any of your information.

### **Member's Information:**

|                     |            |
|---------------------|------------|
| Last 4 Digits - SSN | Tax ID     |
| Last Name           | First Name |

### **New Address:**

|               |              |
|---------------|--------------|
| Address       | Apt          |
| City          | State        |
| Zip Code      | Phone Number |
| Email Address |              |

### **Effective Date Of Change:**

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
| /     | /   |      |

Do you have eligible dependents who do not live with you?      Yes      No

If you have eligible dependents who do not currently live with you, please complete the “**Dependent(s) Information:**” section on page 2. If your eligible dependents live with you please disregard page 2 of this form.

### **Signature:**

|                    |      |
|--------------------|------|
| Member's Signature | Date |
|--------------------|------|



**Dependent(s) Information:**

|                               |                     |                   |  |
|-------------------------------|---------------------|-------------------|--|
| <b>Dependent's First Name</b> |                     | <b>Last Name:</b> |  |
| <b>Address</b>                |                     | <b>Apt</b>        |  |
| <b>City</b>                   | <b>State</b>        |                   |  |
| <b>Zip Code</b>               | <b>Phone Number</b> |                   |  |
| <hr/>                         |                     |                   |  |
| <b>Dependent's First Name</b> |                     | <b>Last Name:</b> |  |
| <b>Address</b>                |                     | <b>Apt</b>        |  |
| <b>City</b>                   | <b>State</b>        |                   |  |
| <b>Zip Code</b>               | <b>Phone Number</b> |                   |  |
| <hr/>                         |                     |                   |  |
| <b>Dependent's First Name</b> |                     | <b>Last Name:</b> |  |
| <b>Address</b>                |                     | <b>Apt</b>        |  |
| <b>City</b>                   | <b>State</b>        |                   |  |
| <b>Zip Code</b>               | <b>Phone Number</b> |                   |  |
| <hr/>                         |                     |                   |  |
| <b>Dependent's First Name</b> |                     | <b>Last Name:</b> |  |
| <b>Address</b>                |                     | <b>Apt</b>        |  |
| <b>City</b>                   | <b>State</b>        |                   |  |
| <b>Zip Code</b>               | <b>Phone Number</b> |                   |  |

**For Office Use Only:**

|              |
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| <br><br><br> |
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