

SEIU LOCAL 1 – MISSOURI BENEFIT SERVICES TRUST
P.O. Box 1714
Maryland Heights, MO 63043
(314) 656-1084 or (844) 939-1534
Fax: (314) 338-3209

ADDRESS VERIFICATION/CHANGE FORM

Reason for the address change form:

- Member Request
- We do not have a current address in our system
- We are holding member's returned mail from the post office

In order to verify the validity of a change of address, the following must be completed and returned to the Fund Office. **We cannot update your record with the new information until proper authorization is received.**

Failure to fully complete this form and return it to the Benefits Office will result in all benefits and correspondence pertaining to the Welfare and Pension Funds being placed in **Pend** status until proper authorization is received.

Full Name: _____

New Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security or Ben ID #: _____

Marital Status:

- Single
- Married
- Legally Separated
- Divorced
- Widowed

Member Signature: _____

Date: _____ Effective Date of Address Change: _____