



CEMENT & CONCRETE WORKERS DISTRICT COUNCIL FRINGE BENEFIT FUNDS

Annuity ~ Pension ~ Scholarship ~ Vacation ~ Welfare

214-38 42nd Ave, 2nd Floor • Bayside, NY 11361

Phone (718) 762-6133 Fax (718) 762-5144

CHANGE OF ADDRESS FORM

Name: _____ Date of Birth: _____

Last Four Digits of Social Security Number: _____

Old Address: _____

New Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

By Signing this form, I authorize the Funds to deliver all payments, notices, or any other correspondence to the above address. I agree to hold the Funds harmless and to indemnify them from any liability resulting from the Funds following instructions contained on this form.

SIGNATURE: _____ Date: _____

Please return this form to the Fund Office along with a copy of your driver's license or other photo-ID card issued by a Federal, State or local Government agency:

In Person:

Deposit in the Drop Box at the Fund Office

By Regular or Overnight Mail:

Cement & Concrete Workers District Council Fringe Benefit Funds

214-38 42nd Ave. 2nd Floor -Bayside, NY 11361-2950

Via E-Mail:

mdimaria@ccwbf.org

Via Fax:

(718)762-5144