



**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: **XXX - XX -** _____

NEW Address: _____

Home Phone #: _____ Cell Phone #: _____

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 you driver's license or other photo-ID card issued by a Federal, State, or Local Government agency:

Regular or Overnight Mail:

**Cement & Concrete Workers District Council Fringe Benefit Funds
214-38 42nd Ave. 2nd Floor - Bayside, NY 11361-2950**

In Person:

Deposit in the Drop Box at the Fund Office

Via E-Mail:

ARodriguez@ccwbf.org