

**LOCAL 475 HEALTH PLAN**  
**629 FIFTH AVENUE PELHAM NY 10803**  
**TELEPHONE (914) 738-6447**  
**FAX NUMBER (914) 738-7150**

UNION TRUSTEES  
EDUARDO MELENDEZ

ADMINISTRATOR  
PETER K.VAUPEL

EMPLOYER TRUSTEES  
MARTIN OSTERER

**CHANGE OF ADDRESS FORM**

To have your mailing address changed to enable you to receive the Health Plan Explanation of Benefits and other mailing from the Health Plan office as well as CVS-Caremark, Anthem B/C-B/S, complete this form and return it to the Local 475 Health Plan Office.

FROM: \_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Please print current Address)

\_\_\_\_\_  
City State Zip Code

DATE: \_\_\_\_\_/\_\_\_\_\_/202\_\_\_\_

\*\*This is to inform the Local 475 Health Plan Office of my change of address;

Effective: \_\_\_\_\_/\_\_\_\_\_/202\_\_\_\_\_.

**My new mailing address is to be as follows:**

\_\_\_\_\_  
(Please Print Street Name and Number)

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
(Participant's Signature )

\_\_\_\_\_  
Last Four Numbers of your Social Security