



DISTRICT COUNCIL 16

Northern California Health and Welfare Trust Fund

P.O. Box 24454 Oakland CA, 94623
(510) 864-6444 or Toll Free (800) 922-9902
Billing and Eligibility Fax: (510) 337-3080

CHANGE OF ADDRESS REQUEST

Name: _____

Social Security Number: _____

Old Address: _____

New Address: _____

Email Address: _____

Telephone Number: (_____) _____

Signature: _____ Date: _____

In order to update your mailing address, you must submit your change of address in writing. Please complete the necessary information as indicated above and return to the Trust Fund Office.

If you have any questions, please contact the Trust Fund Office at the phone number indicated above.