CSEA Employee Benefit Fund
Address Change Form

CSEA NEW YORK
Employee Benefit Fund

EBF Members may use this form to update their address.

Employee Information (Please Print)

Social Security # _____ EBF ID # _____ Date of Birth _____ / _____ / _____

Name (First, Middle Initial, Last) _____

Old Mailing Address

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

New Mailing Address

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Sign and Date

Signature _____ Today's Date _____

Employee's Daytime Phone # _____ E-mail _____

Contact Us

Completed forms can be sent to:

Fax: 518-786-3658
Scan and Email: ole@cseaebf.org

For questions regarding this form our Member Services Department can be reached at 800-323-2732 press 5 then press 4.