

**UFCW LOCAL 1262 AND  
EMPLOYERS BENEFIT FUNDS  
1389 BROAD STREET  
CLIFTON, N.J. 07013  
PHONE 973-778-5800 (TTY:711)  
FAX 973-778-1725**

**Change of Address Form**

**Please print out, complete & mail this form to the address listed above.**

**You can also fax this form to 973-778-1725.**

**Once we have received this information we will notify  
Horizon Blue Cross & Blue Shield of your address change.**

Member's Name: \_\_\_\_\_

Last four digits of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company you work for: \_\_\_\_\_ Location: \_\_\_\_\_

**Old Address**

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

**New Address**

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Member's Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_