

**PLAN MEMBER CHANGE OF ADDRESS/CONTACT INFORMATION FORM
(PLEASE PRINT LEGIBLY OR TYPE)**

Plan Name: West Palm Beach PBA Retiree Health Benefit Fund ("Benefit Fund")

Name: _____ Social Security Number: XXX-XX-
(Last 4 Digits)

Current Address/Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

New Address/Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ Email: _____

THIS FORM MUST BE SIGNED PERSONALLY BY THE PLAN MEMBER IN THE PRESENCE OF A NOTARY. IF NOT SIGNED BY THE PLAN MEMBER, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM.

(Member Signature - *MUST BE SIGNED IN PRESENCE OF A NOTARY*) (Date)

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, appeared before me _____ by means of physical presence online notarization and who is personally known to me or has produced _____ as identification, and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, _____.

Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is:

Return Completed Form to:

West Palm Beach PBA Retiree Health Benefit Fund
c/o Resource Centers, LLC
4360 Northlake Boulevard Suite 206
Palm Beach Gardens, FL 33410
Fax: 561-624-3278 Email: ClientServices@ResourceCenters.com

PLAN ADMINISTRATOR: THE RESOURCE CENTERS, LLC
4360 Northlake Boulevard, Suite 206 ❖ Palm Beach Gardens, FL 33410 ❖ Phone: (800) 206-0116