

TEAR OFF ALONG PERFORATION

AUTHORIZATION TO CHANGE ADDRESS

Please complete and print all information.

Date of Birth / /		Social Security Number - -		Canadian Social Insurance Number
First Name		Middle Initial	Last Name	
OLD ADDRESS	Number and Street			Apt #
	City	State	Zip Code	Contract/Policy Number or *Disability File Number
NEW ADDRESS	Number and Street			Apt#
	City	State	Zip code	
Effective Date of Change / /		Area Code Telephone Number () -		
Participant's Signature				Date

F89 (2/02)

Please list all your Contract/Policy Numbers or Disability File Numbers which relate to this address change.

*Are you now receiving group disability benefits or do you have an application for disability pending? ☐ Yes ☐ No