



New England Health Care Employees

PENSION FUND

**CHANGE FORM
ADDRESS OR NAME CHANGE**

YOU MUST ANSWER ALL QUESTIONS AND PRINT
CLEARLY IN INK
(THIS FORM IS STRICTLY CONFIDENTIAL)

77 Huyshope Avenue, 2nd Floor Hartford, Connecticut 06106
Phone: 1-800-227-4744 860-728-1100 Fax: 1-860-728-7305

PLEASE CHECK APPROPRIATE BOX: Address Change Name Change (proper document(s) required) Both

RETIREE CURRENT INFORMATION

Retiree Name (Last, First, Middle Initial)		Social Security	
New Street Address Apt #		City	State Zip
Home Telephone ()	Cell Telephone ()	Marital Status Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/>	

OLD ADDRESS

Old Street Address		Old Telephone ()	
City	Apt #	State	Zip

NAME CHANGE *Attach a copy of marriage license or divorce decree*

Name of Spouse (Last, First, Middle Initial) <i>if name change due to marriage</i>	Spouse Date of Birth	Spouse Social Security Number
Date of Marriage	Date of Divorce <i>If name change due to divorce provide complete copy of divorce decree that includes your change of name.</i>	

EFFECTIVE DATE OF MOVE: _____

THIS INFORMATION MAY BE USED FOR PURPOSES OF UPDATING THE FUND'S RECORDS.

Retiree Signature **X** _____

Date _____