



MOTION PICTURE INDUSTRY PENSION & HEALTH PLANS®

P.O. Box 1999, Studio City, California 91614-0999
818 or 310.769.0007 – FAX: 818.766.1229

Change of Address Form

The contact information you provide will be used to update the records maintained at both the Motion Picture Industry Pension Plan and the Motion Picture Industry Health Plan. It is important you submit a completed form to the address above each time this information changes to ensure you receive important Plan information. To validate the information on this form, your signature is required.

Name: _____ Participant ID or SSN: _____ Birth Date: _____

Check one: Participant Pensioner/Survivor Spouse Child

New Street Address _____ Unit # _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Fax _____ E-Mail Address _____

Signature _____ Date _____

Reminder: All Employers, Locals, Credit Unions, etc. that you belong to must be notified separately of your change in contact information.

Please complete the section below for your dependents and beneficiaries (Please include the individual's Social Security Number if one is available.)

1. Name: _____ SSN _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Check one: Same as above New address

Phone _____ Relationship _____ Birth Date _____

2. Name: _____ SSN _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Check one: Same as above New address

Phone _____ Relationship _____ Birth Date _____

3. Name: _____ SSN _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Check one: Same as above New address

Phone _____ Relationship _____ Birth Date _____

4. Name: _____ SSN _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Check one: Same as above New address

Phone _____ Relationship _____ Birth Date _____