

UFCW REQUEST TO CHANGE BASIC DATA

PERSONAL INFORMATION: (As currently reported to the UFCW Benefits Office)

Name _____ Social Security Number _____

Employing Body: _____ Local No. _____ District Council _____ Intl.

DATA TO CHANGE:

Complete only those items to be changed.

	From:	To:
Date of Birth:	_____	_____
Employing Body:	_____	_____
Date of Hire:	_____	_____
*Name Change:	_____	_____
*Marital Status:	_____	_____

*Please attach documentation supporting change.

SPOUSE INFORMATION:

If appropriate, please provide SPOUSE information requested below.

Name _____ Social Security Number _____

Sex ____ F ____ M Date of Birth _____ Date of Marriage _____

Applicant's Signature

Date Signed

FOR BENEFITS USE ONLY

Received _____ Returned _____ Effective _____ Rec'd by _____