

CSEA Employee Benefit Fund Address Change Form



EBF Members may use this form to update their address.

Employee Information (Please Print)

Social Security # _____ EBF ID # _____ Date of Birth ____ / ____ / ____

Name (First, Middle Initial, Last) _____ M F please (✓)

Old Mailing Address

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

New Mailing Address

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Sign and Date

Signature _____ Today's Date _____

Employee's Daytime Phone # _____ E-mail _____

Contact Us

Completed forms can be sent to:

Fax: 518-786-3658

Scan and Email: ole@cseabf.org

For questions regarding this form our Member Services Department can be reached at 800-323-2732 press 5 then press 4.