North Atlantic States Carpenters
Health Benefits Fund

Massachusetts Office
350 Fordham Road
Wilmington, MA 01887
www.carpentersfund.org
Phone: 800-344-1515
Fax: 978-752-1164

Connecticut Office
10 Broadway
Hamden, CT 06518
www.carpentersfund.org
Phone: 800-922-6026
Fax: 203-230-5958

Alternate Address Request for Health Benefits Fund Correspondence

Upon receipt of completed form, the address will be updated for Dependents listed in Section 2 of this form.

I_____, (Please Print Full Name) pursuant to the HIPAA regulation dated August 14, 2002, am requesting that the North Atlantic States Carpenters Health Benefits Fund mail all my correspondence to the address indicated in **Section 2** of this form.

Section 1: Employee Information (Subscriber of Coverage)

Employee Name: _____

Employee Address: _____

Employee ID#(SS#): ___ - ___ - ____

Employee Phone #: ( ) _____

Section 2: Alternate Address Information for Covered Spouse/Dependent

Part 1

Dependent Name: _____

Dependent Address: _____
(Address you wish Health Fund to mail all your correspondence)

_____

Dependent SS#: ___ - ___ - ____

Dependent Phone #: ( ) _____

Part 2

Additional Covered Dependents

The Health Fund will also change the correspondence address for all Dependents identified below.

Dependent Name: _____ Dependent SS#: ___ - ___ - ____

Dependent Name: _____ Dependent SS#: ___ - ___ - ____

Dependent Name: _____ Dependent SS#: ___ - ___ - ____

Dependent Name: _____ Dependent SS#: ___ - ___ - ____

_____
(Please PRINT Name of Person making this request)

_____ _____
(SIGNATURE of Person Making this request) (DATE of Signature)

Please mail completed form to the attention of the Privacy Officer, at the address listed above.

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