

UNITED FURNITURE WORKERS INSURANCE FUND

1910 AIR LANE DRIVE - NASHVILLE, TENNESSEE 37210

REQUEST FOR CHANGE IN STATUS

Member's Name _____ Soc. Security # _____

Employer's Name _____ Local # _____

Status change you are requesting _____

CHANGE OF ADDRESS

New Address:

Street _____ City _____

State _____ Zip _____

CHANGE IN MARITAL OR DOMESTIC PARTNERSHIP STATUS

- Spouse's/Domestic Partner's Name _____ Gender male
 female

- Spouse's/Domestic Partner's Soc. Sec. # _____

- Spouse's/Domestic Partner's Date of Birth _____

- Spouse's/Domestic Partner's Current Address:

Street _____ City _____

State _____ Zip _____

The following change has occurred:

Marriage

Date of Marriage _____ / _____ / 20____

Commencement of Domestic Partnership

Date of Commencement of Domestic Partnership _____ / _____ / 20____

Divorce

Date of Divorce _____ / _____ / 20____

Legal Separation

Date of Legal Separation _____ / _____ / 20____

Termination of Domestic Partnership

Date of Termination of Domestic Partnership _____ / _____ / 20____

Death of Spouse

Date of Death of Spouse _____ / _____ / 20____

CHANGE OF NAME

Change Name of Insured From: _____ To: _____
(The Fund may require proof of name change)

Date: _____ Signature of Member: _____

- FOR CHANGE IN DEPENDENTS (OTHER THAN SPOUSE), SEE BACK OF FORM -

