|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT ADDRESS CHANGE INFORMATION** | | | | | | | | | | | |
| **Please Select One** | | | | | | | | | | | |
| Participant | Retiree/Survivor | | Spouse | | Child | | | | | | |
| **Address Type** | | | | | | | | | | | |
| Physical | Mailing | Third Party\* Type: | | | | | | | | | |
| **Name** | | | | | | **MPID / SSN** | | | | | **Date of Birth** |
|  | | | | | |  | | | | |  |
| **New Address** | | | | | | | | | **Effective Date(s)** | | |
|  | | | | | | | | |  | | |
| **City** | | | | | | | **State** | | | **Zip** | |
|  | | | | | | |  | | |  | |
| **Email** | | | | **Phone** | | | | **Fax** | | | |
|  | | | |  | | | |  | | | |

\* If you are requesting the release of your Motion Picture Industry Pension Plan (the “Pension Plan”) and/or Motion Picture Industry Individual Account Plan (the “IAP”) and/or Motion Picture Industry Health Plan (the “Health Plan”) (collectively, “MPI”), information to a person with a durable power of attorney, conservator or any other third party, you must have the required legal documentation on file with MPI. If you would like personal Health Plan information to be sent to someone other than yourself, you need to complete an Authorization for Release of Health Information. Additional information and required forms for releasing your MPI information may be found at www.mpiphp.org.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPENDENT/BENEFICIARY ADDRESS CHANGE INFORMATION** *(This form cannot be used to designate new beneficiaries)* | | | | | | | |
| **Name** | | **MPID / SSN** | | | | | **Date of Birth** |
|  | |  | | | | |  |
| **New Address** Same as Participant’s Above | | | | | **Effective Date(s)** | | |
|  | | | | |  | | |
| **City** | | | **State** | | | **Zip** | |
|  | | |  | | |  | |
| **Relationship** | **Email** | | | **Phone** | | | |
|  |  | | |  | | | |
|  | |  | | | | |  |
| **Name** | | **MPID / SSN** | | | | | **Date of Birth** |
|  | |  | | | | |  |
| **New Address** Same as Participant’s Above | | | | | **Effective Date(s)** | | |
|  | | | | |  | | |
| **City** | | | **State** | | | **Zip** | |
|  | | |  | | |  | |
| **Relationship** | **Email** | | | **Phone** | | | |
|  |  | | |  | | | |
|  | |  | | | | |  |
| **Name** | | **MPID / SSN** | | | | | **Date of Birth** |
|  | |  | | | | |  |
| **New Address** Same as Participant’s Above | | | | | **Effective Date(s)** | | |
|  | | | | |  | | |
| **City** | | | **State** | | | **Zip** | |
|  | | |  | | |  | |
| **Relationship** | **Email** | | | **Phone** | | | |
|  |  | | |  | | | |

**PARTICIPANT’S CONSENT**

I understand that the information I provided above will be used to update my records for MPI. I must provide separate notification to all Employers, Local Unions and Credit Unions. I further understand that I must submit this form to the address above each time this information changes to ensure I receive MPI information. My signature is required to validate the information on this form.

**X**

Participant’s Signature Date