



MCASF Local 725 Employee Benefit Funds

15800 Pines Blvd., Suite 201 Pembroke Pines, FL 33027
Phone (754) 777-7735 Fax (754) 999-2205
www.725benefits.org

ADDRESS VERIFICATION CHANGE FORM

In order to have verification of your requested address change for our files, please complete the information below and send this form back to Benefit Services. The address change will not take place until the form has been returned to Benefit Services and we have the proper authorization, in writing, with your signature.

Please return this form to:

Benefit Services
15800 Pines Blvd., Suite 201
Pembroke Pines, FL 33027

I, _____, authorize Benefit Services to make the
(Please Print Your Name)
following change effective as of _____
(Date of Change)

MY NEW ADDRESS WILL BE:

Telephone Number Social Security Number



Signature Date

All correspondence will be sent to the address listed above as of the effective date