

NATIONAL ELEVATOR INDUSTRY
BENEFIT PLANS

Address Change Form

Please check one:

- Active Member
Retired Member
Dependent Only

Member ID# _____
(see your BCBS ID card – last 4 digits only)

Name _____

New Address _____

City, State and Zip _____

Home Phone # _____ Cell # _____

E-mail Address _____

Member Signature

Date

***Dependent Signature**

Date

***Address changes for dependent children age 18 and over require the dependent's signature. Member signature is not required for dependent children age 18 and over.**

You may submit your completed form to the attention of the Eligibility Unit by email to eligibility@neibenefits.org, by fax at (610)325-9028 or mail to: NEI Health Benefit Plan, 19 Campus Blvd. Ste 200, Newtown Square, PA 19073-3288.