

# BAY AREA AUTOMOTIVE GROUP WELFARE FUND

4160 Dublin Blvd Suite 100

Dublin, CA 94568-7755

Telephone 1-800-267-3232 · Fax 1-925-833-7301

## CHANGE OF ADDRESS

PLEASE COMPLETE AND SUBMIT A CHANGE OF ADDRESS FORM WHENEVER YOU MOVE

Member's Name: \_\_\_\_\_ ID #: BA \_\_\_\_\_

Old Address: \_\_\_\_\_  
City State Zip

New Address: \_\_\_\_\_  
City State Zip

Effective Date of New Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**NOTE:** IF YOU NEED TO ADD OR DELETE A DEPENDENT(S), OR CHANGE YOUR LIFE INSURANCE BENEFICIARY, PLEASE COMPLETE A **NEW ENROLLMENT FORM**.

---

PLEASE MAIL THIS COMPLETED FORM TO:

**BAY AREA AUTOMOTIVE GROUP WELFARE FUND  
4160 DUBLIN BLVD SUITE 100  
DUBLIN, CA 94568-7755**

**Change will NOT be accepted unless all fields are completed and form is signed.**