CHANGE OF ADDRESS FORM

Return this Form to: MPI • P.O. Box 1999 • Studio City, CA 91614-0999
Toll Free: (855) 275-4674 • Fax: (818) 766-1229 • Email: service@mpiphp.org

PARTICIPANT ADDRESS CHANGE INFORMATION

Please Select One

☐ Participant ☐ Retiree/Survivor ☐ Spouse ☐ Child

Name	**MPID / SSN**	**Date of Birth** (mm/dd/yy)
New Address		**Effective Date(s)** (mm/dd/yy)
City	**State**	**Zip**
Email	**Phone**	**Fax**

* If you would like personal health information to be sent to someone other than yourself, you need to complete an Authorization for Release of Health Information Form. If you are requesting the release of your Health and/or Pension information to a person with a Power of Attorney, Conservator or any third party, you must have the required legal documentation on file with MPI. Additional information and required forms for releasing your Health and Pension 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** (mm/dd/yy)
New Address ☐ Same as Participant's Above		**Effective Date(s)** (mm/dd/yy)
City	**State**	**Zip**
Relationship	**Email**	**Phone**
Name	**MPID / SSN**	**Date of Birth** (mm/dd/yy)
New Address ☐ Same as Participant's Above		**Effective Date(s)** (mm/dd/yy)
City	**State**	**Zip**
Relationship	**Email**	**Phone**
Name	**MPID / SSN**	**Date of Birth** (mm/dd/yy)
New Address ☐ Same as Participant's Above		**Effective Date(s)** (mm/dd/yy)
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 both the Motion Picture Industry ("MPI") Pension and Health Plans. I must provide separate notification to all Employers, Local Unions and Credit Unions. I further understand that I must submit this form to MPI at the address above each time this information changes to ensure I receive Plan information. **My signature is provided below to validate the information on this form.**

Participant's Signature   Date (mm/dd/yy)