



**CHANGE OF INFORMATION FORM**  
**RIVERSIDE COUNTY ELECTRICAL**  
**HEALTH & WELFARE TRUST FUND**

2831 Camino del Rio S. #311  
San Diego, CA 92108  
tel: (800) 736-0401  
fax: (619) 574-0645

**PARTICIPANT INFORMATION**

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
TELEPHONE NUMBER	EMAIL ADDRESS		SEX	DATE OF BIRTH

**CHANGE OF ADDRESS**

CURRENT MAILING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP

NEW MAILING ADDRESS (STREET OR P.O. BOX)		EFFECTIVE DATE
CITY	STATE	ZIP

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

INTERNAL OFFICE USE ONLY
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