Member Information Update Form

Member Information	**Name:** _____ (Last / First) **Social Security Number:** _____-_____-_____
Contact Information	**Member's Address:** _____ (Number / Street / City / Stare / Zip code) **Home Phone: ( )** _____-_____ **Cell Phone: ( )** _____-_____ **E-mail Address:** _____@_____
Verify Marital Status	☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed** ☐ **Legally Separated** **(If marital status ever changes, please contact TeamstersCare immediately)**
Alternate Address	**Dependent's Name:** _____ (Last / First) **Address:** _____ (Number / Street / City / State / Zip Code) **Home Phone ( )** _____-_____ **Cell Phone ( )** _____-_____
Signature	**Member's Signature:** _____ **Date:** _____

Return To: TeamstersCare, Schrafft's City Center, 529 Main St, Suite 209, Charlestown, MA 02129

Revised 2011