

**SCREEN ACTORS GUILD—PRODUCERS PENSION AND HEALTH PLANS
CHANGE OF ADDRESS CARD**

Participant's Legal Name:

Professional Name (if different)

Social Security Number

- -

Date of Birth

Gender

Female Male

Old Address:

New Address:

Old Phone Number: _____

New Phone Number(s): _____

Participant's Signature _____ **Date** _____

Reminder: The SCREEN ACTORS GUILD is a separate office. You must notify SAG separately of any address change.

Instructions

This form is for ADDRESS CHANGES ONLY. To change beneficiary or dependent information, you must complete a new Performer Information Form. No claims can be processed without a Performer Information Form on file. This change will affect all correspondence mailed to you from the Plan Office. The PARTICIPANT must sign this card.

- (1) Print your entire card legibly, sign and return to the address below. To FAX use (818) 973-4465.
- (2) Place in a #10 envelope, apply 1st class postage and mail to:

**ATTN: PARTICIPANT ELIGIBILITY DEPARTMENT
SCREEN ACTORS GUILD-PRODUCERS PENSION AND HEALTH PLANS
P.O. BOX 7830
BURBANK, CA 91510-7830**

Telephone: **(818) 954-9400** or **(800) 777-4013** (outside the L.A. area)