

HRSA-ILA

Address Designation

Use this form to keep your address current for delivery of correspondence, payroll checks, and benefit checks.

David D. Alston Scholarship Fund * Vacation & Holiday Fund * Annuity Fund
Container Royalty Fund * Pension Plan * Welfare Fund

This authorization hereby cancels and revokes any previous authorization for the forwarding of my HRSA-ILA correspondence and benefit payments as designated below.

Port Number: _____ SSN: _____

Name: _____

Residence Address:

(All correspondence including benefit payments will be mailed to this address unless the "Benefit Payment Address" below is filled in.)

Address: _____

City: _____ State: _____

Zip: _____

Payment Address:

(All benefit payments including Pension, Short Term Disability, Vacation & Holiday, and Container Royalty will be mailed to this address.)

Address: _____

City: _____ State: _____

Zip: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____