LOCAL 22 FIREFIGHTERS AND PARAMEDICS

HEALTH PLAN

415 N. 5TH ST – PHILADELPHIA, PA 19123

Phone: (215) 440-4421 / 22 www.local22healthplan.org

Change of Address Form

Member's Name: _____ _____
Last First

*Payroll No. _ _ _ _ _ _ _ _ _ _ _ _ _ Date of Birth _____

Phone Number _____

Former Address _____
Street

_____ _____ _____
City State Zip Code

New Address _____
Street

_____ _____ _____
City State Zip Code

_____ _____
Signature Date

This form notifies only your Health Plan of this change of Address.
It is your responsibility to notify the City of Philadelphia, Philadelphia Fire Department, Board of Pensions, and Local 22 of any changes in your personal information.