

**RETIREE HEALTH & WELLNESS FUND  
SAN ANTONIO FIRE AND POLICE**

CHANGE OF ADDRESS FORM

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**New Mailing Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Old Mailing Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Signature: \_\_\_\_\_