HEARTLAND CONTACT UPDATE FORM

Participants Name: _____ _____ _____
First Name | Middle Initial | Last Name

Participants SS#: _____ _____ _____ _____ (Last 4 digits)

Date of Birth: _____ / _____ / _____

Employer: _____ Store #: _____ (If Applicable)

New Address: _____
Street

_____ _____ _____
City | State | Zip Code

Telephone #'s: (_____) _____ - _____ (_____) _____ - _____
Cell Phone | Home Phone

Email Address: _____

Heartland
Health & Wellness Fund
Your Health Matters.

Please complete the Contact Update Form and return to
Heartland Health & Wellness Fund

Mail to:
Heartland Health & Wellness Fund
4250 Poe Avenue, Suite 300
Dayton, OH 45414

Email to: *admin@ufcwbenefitplan.com*
Call-in: 800.433.1204