

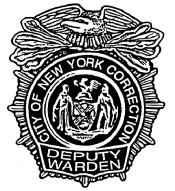
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303 Merrick Road, Suite 300  
Lynbrook, NY 11563

(516) 396-5500 / (718) 204-7172  
Toll Free: (800) 537-1238



**ASSISTANT DEPUTY WARDENS  
DEPUTY WARDENS ASSOCIATION  
SECURITY BENEFITS FUND**

# CHANGE OF ADDRESS FORM



### MEMBER/EMPLOYEE INFORMATION

Last Name: <b>Darren</b>		First Name: <b>Jackson</b>		<input type="checkbox"/> <b>ACTIVE</b>
Date of Birth:	Pension #:	Social Security #: (Last 4 digits) <b>XXX - XX - _____</b>		<input checked="" type="checkbox"/> <b>RETIREE</b>

### OLD INFORMATION

Street Address <b>11 Pinewild Road</b>	City <b>Brentwood</b>	State <b>NY</b>	Zip Code <b>11717</b>
Email: (Non-DOC) <b>jacksonvm11@yahoo.com</b>	Telephone #	Cell Phone #:	

### NEW INFORMATION

Street Address	City	State	Zip
Email: (Non-DOC)	Telephone #	Cell Phone #:	

**AUTHORIZATION TO RELEASE INFORMATION:** *I hereby authorize the ADWDWA Benefits Fund or any insurance company, prepayment organization, employer, hospital, or dentist, to release all information with respect to myself or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. I certify that the information submitted by me is true and correct.*  
**Authorization must be signed or address change will not be made.**

Jackson Darren

Signed (Member) SIGNATURE ON FILE IS NOT ACCEPTABLE

Date

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**MEMBER/EMPLOYEE INFORMATION**

Last Name: <b>Montana</b>		First Name: <b>Migdalia</b>		<input checked="" type="checkbox"/> <b>ACTIVE</b>
Date of Birth:	Pension #:	Social Security #: (Last 4 digits) <b>X X X - X X - _____</b>		<input type="checkbox"/> <b>RETIREE</b>

**OLD INFORMATION**

Street Address <b>25-04 41st Street</b>	City <b>Long Island City</b>	State <b>NY</b>	Zip Code <b>11101</b>
Email: (Non-DOC)	Telephone #	Cell Phone #:	

**NEW INFORMATION**

Street Address <b>62 Pond Way</b>	City <b>Staten Island</b>	State <b>NY</b>	Zip <b>10303-1648</b>
Email: (Non-DOC)	Telephone #	Cell Phone #:	

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**Authorization must be signed or address change will not be made.**

Migdalia Montana

Signed (Member) SIGNATURE ON FILE IS NOT ACCEPTABLE

Date

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ADW Montana,

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As a back-up you can also email to [adw\\_dw\\_association@hotmail.com](mailto:adw_dw_association@hotmail.com)

If you have any questions please call the Security Fund Office at:

(718) 273-8687

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**MEMBER/EMPLOYEE INFORMATION**

Last Name: <b>Wray</b>		First Name: <b>Ernest</b>		<input checked="" type="checkbox"/> <b>ACTIVE</b>
Date of Birth:	Pension #:	Social Security #: (Last 4 digits) <b>X X X - X X - _____</b>		<input type="checkbox"/> <b>RETIREE</b>

**OLD INFORMATION**

Street Address <b>10 Cindy Ln</b>	City <b>Highland Mills</b>	State <b>NY</b>	Zip Code <b>10930</b>
Email: (Non-DOC)	Telephone #	Cell Phone #: <b>(646) 808-4272</b>	

**NEW INFORMATION**

Street Address <b>106-02 Northern Blvd, Apt 3A</b>	City <b>Corona</b>	State <b>NY</b>	Zip <b>11368</b>
Email: (Non-DOC)	Telephone #	Cell Phone #: <b>(646) 808-4272</b>	

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**Authorization must be signed or address change will not be made.**

Ernest Wray

Signed (Member) SIGNATURE ON FILE IS NOT ACCEPTABLE

Date

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Ernie,

Your Contract Ballot has been returned as undeliverable. The ADWDWA has an old address on file.

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**MEMBER/EMPLOYEE INFORMATION**

Last Name: <b>Kelly, III</b>		First Name: <b>Robert</b>		<input checked="" type="checkbox"/> <b>ACTIVE</b>
Date of Birth: <b>6/9/1980</b>	Pension #:	Social Security #: (Last 4 digits) <b>X X X - X X - _____</b>		<input type="checkbox"/> <b>RETIREE</b>

**OLD INFORMATION**

Street Address <b>885 PINE STREET</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip Code <b>11208</b>
Email: (Non-DOC) <b>none on file</b>	Telephone # <b>none on file</b>	Cell Phone #: <b>none on file</b>	

**NEW INFORMATION**

Street Address <b>153 Cooper Street, Apt 2</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11207</b>
Email: (Non-DOC)	Telephone #	Cell Phone #:	

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**Authorization must be signed or address change will not be made.**

Robert Kelly, III

Signed (Member) SIGNATURE ON FILE IS NOT ACCEPTABLE

Date

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DW Robert Kelly, III

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**MEMBER/EMPLOYEE INFORMATION**

Last Name: <b>Medina</b>		First Name: <b>Hernan</b>		<input checked="" type="checkbox"/> <b>ACTIVE</b>
Date of Birth: <b>2/28/1973</b>	Pension #:	Social Security #: (Last 4 digits) <b>xxx-xx-8804</b>		<input type="checkbox"/> <b>RETIREE</b>

**OLD INFORMATION**

Street Address <b>2 Francis Court</b>	City <b>Elmont</b>	State <b>NY</b>	Zip Code <b>11003</b>
Email: (Non-DOC) <b>LOLLIKEU@GMAIL.COM</b>	Telephone # <b>(516) 582-0169</b>	Cell Phone #:	

**NEW INFORMATION**

Street Address <b>248 Beach Breeze Place</b>	City <b>Arverne</b>	State <b>NY</b>	Zip <b>11692</b>
Email: (Non-DOC)	Telephone #	Cell Phone #:	

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Hernan Medina

Signed (Member) SIGNATURE ON FILE IS NOT ACCEPTABLE

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ADW Hernan Medina

Your subscription to the Chief Civil Service Leader Newspaper has been returned as undeliverable. The ADWDWA has an old address on file. Please make appropriate changes to the above form. Please SIGN form and return to:

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As a back-up you can also email the Security Benefits Fund Office at: [adwdwa@nycwarden.com](mailto:adwdwa@nycwarden.com)

If you have any questions please call us at: (718) 273-8687

Nick for  
Faisal Zouhbi  
President  
ADWDWA