

**CHANGE OF ADDRESS FORM**

**PHONE:** (323) 866-2306  
ADDRESS CHANGE DEPT.  
(877) 866-2200  
OUTSIDE CA

**MAIL:** Address Change Dept  
DGA-Producer Pension & Health Plans  
8436 W. Third Street, Suite 900  
Los Angeles, CA 90048-4189

**FAX:** (323) 653-3688

**1) Participant Information**

<b>PARTICIPANT NAME</b> (Please print)	<b>S.S. #</b> or <b>BIRTHDATE</b>
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**2) Mail Preferences & Address Information**

You may choose to receive all your mail at one address or you may have Pension mail sent to one and Health sent to the other. Check the appropriate box to indicate where you want your mail sent. (Only one address can be selected for each type of mail.)

**ALL = Send both Pension & Health Mail to this address.**

**P = Send only Pension mail to this address.** Examples of Pension correspondence include: Summary Plan Description Booklet, Annual and Quarterly Statements, Retirement Benefits, and 1099s.

**H = Send only Health mail to this address.** Examples of Health correspondence include: Summary Plan Description Booklet, Open Enrollment Information, Health Plan Coverage Cards, Premium Billing, and Claims.

<b>PRIMARY RESIDENCE</b>		<b>Mail Preference:</b> <input type="checkbox"/> ALL <input type="checkbox"/> P <input type="checkbox"/> H
ADDRESS LINE 1:	HOME PHONE:	
LINE 2:	CELL PHONE:	
LINE 3:	FAX:	
LINE 4:	E-MAIL:	

<b>OTHER ADDRESS*</b>		<b>Mail Preference:</b> <input type="checkbox"/> ALL <input type="checkbox"/> P <input type="checkbox"/> H
INDICATE ADDRESS TYPE: <small>(Ex.: Business Mgr., Accountant, Attorney, Personal Business, 2nd Residence, etc.)</small>		
FIRM NAME:	CONTACT:	
ADDRESS LINE 1:	PHONE:	
LINE 2:	ADD'L. PHONE:	
LINE 3:	FAX:	
LINE 4:	E-MAIL:	

\*For security reasons, if you want the Plans to provide confidential information to a Third Party, please complete a Third Party Authorization Form.

**3) Special Instructions**

Use this space for an additional mailing address or for special mailing instructions.

**4) Signature**

**PARTICIPANT'S SIGNATURE**

(Required)

DATE

**Return completed form to the fax number or mailing address at the top of this page.**

**REMINDER:** The DGA-Producer Pension & Health Plans is a separate entity from the Directors Guild of America (DGA). You must notify the DGA separately of your address change. Their address is 7920 Sunset Blvd., Los Angeles, CA 90046; phone (310) 289-2000 / (800) 421-4173.