

This form must be completed by you, the participant, so the Fund Office can update your personal data. This information is valuable to you because it assists the Fund Office in processing any claims submitted on your behalf or that of your dependents, if applicable.

Please answer every question on this form.

If a section does not apply, please write N/A in that box. By doing this we will know that you did not overlook the question in error.

*Important: If you check **ACTIVE** in the Spouse's Employment Status box, you **MUST** have the **OTHER INSURANCE VERIFICATION - SPOUSE**, form completed by your spouse and spouse's employer.*

Please be sure to sign and date the bottom of this form.

Failure to complete and return this form will cause the Fund Office to deny claims received on behalf of your dependents, if applicable.

This form can be scanned and uploaded to our website: www.cbibf.org in the "Contact Us" section.