NW Plumbers & Pipefitters Health Fund

Physical Address: 7525 SE 24th St, Suite 200, Mercer Island, WA 98040 ● Mailing Address: P.O. Box 34203, Seattle, WA 98124 Phone (800) 331-6158 ● Fax (206) 441-9110

Administered by Welfare and Pension Administration Service, Inc.

CHANGE OF ADDRESS FORM

Employee Name	e	
		(Please print)
Employee Socia	l Security Nu	mber
Employee Phon	e Number	
Old Address		New Address
(Include apartme	nt or suite num	ber) (Include apartment or suite number)
This address ch	ange pertains	to the following:
	ALL	
	HEALT	TH & WELFARE ONLY (CLAIMS)
	l VACAT	TION
Please send cor	respondence a	according to my selection to the above address starting:
(Date)		•
(Sionature)		(Date)

<u>Please Note</u>: Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept change of address information over the telephone. To avoid unnecessary delays in receiving correspondence from the Trust Office, it is imperative that we have your current address on file.

If there has been a change in your "covered dependents" or marital status, you need to complete a new enrollment form. Please see Enrollment Form under the heading "Forms".