

CHANGE OF ADDRESS

General Information

Last Name	First Name	Middle Initial
Social Security Number or ID Number	Email	Phone Number

Old Address (Include Apartment or Suite Number)

Street	City	State	Zip

New Address (Include Apartment or Suite Number)

Street	City	State	Zip

This address change pertains to the following:

Trusts (select all applicable)	Participants (select all applicable)
☐ All Trusts ☐ Health and Welfare (Claims) ☐ Retirement ☐ Annuity	☐ Employee Only (If checked, this form must be signed by the employee) ☐ Dependent (If checked, this form must be signed by the employee or the named dependent who must be age 18 or older) Dependent's Name _____ ☐ Entire Family (If checked, this form must be signed by the employee)

Please send correspondence according to my selection to the above address starting:

Date

Signature	Date

Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept a change of address over the telephone. To avoid unnecessary delays in receiving correspondence from the Administration 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" on the Trust website.

Please return this form to PO Box 34203, Seattle, WA 98124 or email eligibility@wpas-inc.com or Fax (855) 855-7814