

## **CHANGE OF ADDRESS**

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General Information					
Last Name	First Name		Middle In	Middle Initial	
Social Security Number or ID Number	Email		Phone N	umher	
Social Security Number of 15 Number	Lillali		FIIOTIE N	difficer	
Old Address (Include Apartment	or Suite Numb	er)			
Street		City	State	Zip	
New Address (Include Apartme	nt or Suite N	umber)			
Street		City	State	Zip	
This address change pertains to	the followin		und language and a la		
Trusts (select all applicable)  ☐ All Trusts		Participants (selec		orm must be signed by	
☐ Health and Welfare (Claims)		the employee)	☐ Employee Only (If checked, this form must be signed by the employee)		
Retirement			☐ Dependent (If checked, this form must be signed by the		
☐ Annuity		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 solostion t		arting:		
Date	to my selection t	to the above address st	arting.		
Signature			Dato		
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

Phone: (206) 441–7574 Toll Free: (866) 417–4240 Fax: (206) 505–9727 Office Location: WPAS, Inc.

7525 SE 24th Street, Suite 200 Mercer Island WA, 98040 Mailing Address:

WPAS, Inc PO Box 34203 Seattle, WA 98124-1203