

# Machinists Health and Welfare Trust Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124  
Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727

Administered by  
Welfare & Pension Administration Service, Inc.

## CHANGE OF ADDRESS FORM

|  |  |  |      |
|--|--|--|------|
| EMPLOYEE NAME <i>(Please Print)</i> – First  |  | Initial  | Last |
| EMPLOYEE SOCIAL SECURITY NUMBER OR WPAS ID NUMBER  |  |  |      |
| EMPLOYEE PHONE NUMBER  |  | EMPLOYEE EMAIL ADDRESS                                 |      |
| OLD ADDRESS <i>(Include apartment or suite number)</i>   |  | NEW ADDRESS <i>(Include apartment or suite number)</i> |      |
| _____  |  | _____  |      |
| _____  |  | _____  |      |
| THIS ADDRESS CHANGE PERTAINS TO THE FOLLOWING:   |  |  |      |
| <input type="checkbox"/> ALL   |  |  |      |
| <input type="checkbox"/> Health & Welfare Only   |  |  |      |
| PLEASE SEND CORRESPONDENCE, ACCORDING TO MY SELECTION TO THE NEW ADDRESS STARTING:   |  |  |      |
| _____  |  |  |      |
| (Date)   |  |  |      |
| _____  |  | _____  |      |
| Employee Signature   |  | Date Signed  |      |
| <b>Please Note:</b> 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".   |  |  |      |
| You may return this form to the Administration Office in one of the following ways:  |  |  |      |
| 1. Mail: PO Box 34203<br>Seattle, WA 98124-1203  |  |  |      |
| 2. Fax: (206) 505-9727   |  |  |      |
| 3. E-mail scanned document to: <a href="mailto:forms@wpas-inc.com">forms@wpas-inc.com</a>  |  |  |      |