

# 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) 331-6158 • Fax (206) 441-9110

Administered by  
Welfare & Pension Administration Service, Inc.

## 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)                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All Trusts<br><input type="checkbox"/> Health and Welfare (Claims)<br><input type="checkbox"/> Retirement<br><input type="checkbox"/> Annuity | <input type="checkbox"/> Employee Only (If checked, this form must be signed by the employee)<br><input type="checkbox"/> Dependent (If checked, this form must be signed by the employee or the named dependent who must be age 18 or older)<br>Dependent's Name _____<br><input type="checkbox"/> 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](mailto:eligibility@wpas-inc.com) or Fax (855) 855-7814