

NORTHWEST PLUMBING AND PIPEFITTING INDUSTRY HEALTH, WELFARE AND VACATION TRUST

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Administered by
Welfare and Pension Administration Service, Inc.

CHANGE OF ADDRESS FORM

Employee Name

(Please print)

Employee Social Security Number _____

Employee Phone Number _____

Old Address

New Address

(Include apartment or suite number)

(Include apartment or suite number)

This address change pertains to the following:

- ALL
- HEALTH & WELFARE ONLY (CLAIMS)
- VACATION

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

(Date)

(Signature)

(Date)

Please Note: 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".