



Teamsters Health & Welfare Fund

of Philadelphia and Vicinity

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NOTE: THIS FORM IS FOR CHANGE OF ADDRESS ONLY;
To add Spouse/Dependent(s), Please Contact The Fund Office

CHANGE OF ADDRESS

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____

EFFECTIVE DATE: _____

MEMBER'S EMAIL: _____

SPOUSE'S EMAIL: _____

***I CERTIFY THAT ALL OTHER INFORMATION ON MY CENSUS FILE IS CURRENT
AND CORRECT.***

MEMBER'S SIGNATURE: _____

DATE: _____