



# 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: \_\_\_\_\_