



Teamsters Health & Welfare Fund

of Philadelphia and Vicinity

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PLEASE NOTE: This form is only for Active Members of the Health & Welfare Fund

THIS FORM IS FOR CHANGE OF ADDRESS ONLY; To add Spouse/Dependent(s), Please Contact The Fund Office
<u>CHANGE OF ADDRESS</u>
MEMBER'S NAME: _____
SOCIAL SECURITY NUMBER: _____
OLD ADDRESS: _____
NEW ADDRESS: _____ _____
CITY/STATE/ZIP CODE: _____
PHONE NUMBER: _____
EFFECTIVE DATE: _____
MEMBER'S EMAIL: _____
SPOUSE'S EMAIL: _____
<p><i>I CERTIFY THAT ALL OTHER INFORMATION ON MY CENSUS FILE IS CURRENT AND CORRECT.</i></p>
MEMBER'S SIGNATURE: _____
DATE: _____
Email: census@teamsterfunds.com