SEIU Local 105 Health & Welfare Fund

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124 Phone (844) 700-SEIU (7348) • Fax (206) 505-9727 • Website: www.SEIU105HealthFund.com

> 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

, and the second	nail	Phone Nu	mber	
Old Address (Include Apartment or Sui Street	e Number) City	State	Zip	
New Address (Include Apartment or Street	uite Number) City	State	Zip	
This address change pertains to the f	ollowing:			
Trusts (select all applicable)		ect all applicable)		
☐ All Trusts		☐ Employee Only (If checked, this form must be signed		
☐ Health and Welfare (Claims)☐ Retirement☐ Annuity	☐ Dependent (If employee or 18 or older) Dependent's N	Dependent's Name Entire Family (If checked, this form must be signed by the		
Please send correspondence according to Date	y selection to the above address	starting:		
Signature		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.