

**WESTERN PENNSYLVANIA TEAMSTERS AND
EMPLOYERS WELFARE FUND**

50 Abele Rd., Ste. 1005 Bridgeville, Pennsylvania 15017
Telephone: 1-412-363-2700 Toll Free: 1-800-242-0410 Facsimile: 1-412-363-0580
www.wpawelfarefund.com

CHANGE FORM

LAST NAME FIRST NAME M.I. S.S.N.

ADDRESS: _____

PHONE: _____

SPOUSE DATE OF BIRTH S.S.N.

DEPENDENT DATE OF BIRTH S.S.N. SEX

CHECK THE APPROPRIATE ACTION CODES:

- _____ CHANGE OF ADDRESS
- _____ ADD SPOUSE (ATTACH A COPY OF MARRIAGE CERTIFICATE)
- _____ REMOVE SPOUSE (ATTACH A COPY OF DIVORCE DECREE)
- _____ ADD DEPENDENT (ATTACH A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD)
- _____ REMOVE DEPENDENT - STATE REASON
- _____ NAME CHANGE (ATTACH MARRIAGE CERTIFICATE OR LEGAL NAME CHANGE DOCUMENT)
- _____ OTHER - EXPLAIN: