Automotive Machinists Pension Trust

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124

Phone: (206) 441-7574 or (800) 732-1121 • Fax: (206) 505-9727 • www.AutomotiveMachinistsPension.com

Administered by Welfare & Pension Administration Service, Inc.

CHANGE OF ADDRESS

	CHANG	E OF ADDRESS		
General Information				
Last Name	First Name		Middle In	itial
Social Security Number or ID Number	Email		Phone N	umber
Old Address (Include Apartment	or Suite Number	·)		
Street		City	State	Zip
New Address (Include Apartm	ent or Suite Nur	mber)		
Street		City	State	Zip
This address change pertains t	o the following:	<u> </u>		
Trusts (select all applicable)	e and reme armig	Participants (sele	ect all applicable)	
☐ All Trusts				orm must be signed by
☐ Health and Welfare (Claims)		the employee)		
☐ Retirement		☐ Dependent (If checked, this form must be signed by the		
☐ Annuity		employee or the named dependent who must be age 18 or		
		older) Dependent's Name		
		☐ Entire Family (If checked, this form must be signed by the		
		employee)		
Please send correspondence accordi	ng to my selection	to the above address s	starting:	
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.

Please return this form to PO Box 34203, Seattle, WA 98124 or email eligibility@wpas-inc.com or Fax (855) 855-7814