

Cement Masons & Plasterers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

CHANGE OF ADDRESS FORM

| | | | |
|--|--|--|------|
| EMPLOYEE NAME <i>(Please Print)</i> – First | | Initial | Last |
| EMPLOYEE SOCIAL SECURITY NUMBER OR WPAS ID NUMBER | | | |
| EMPLOYEE PHONE NUMBER | | EMPLOYEE EMAIL ADDRESS | |
| OLD ADDRESS <i>(Include apartment or suite number)</i> | | NEW ADDRESS <i>(Include apartment or suite number)</i> | |
| _____ _____ | | _____ _____ | |
| THIS ADDRESS CHANGE PERTAINS TO THE FOLLOWING: | | | |
| <input type="checkbox"/> ALL <input type="checkbox"/> Health & Welfare Only <input type="checkbox"/> Retirement Only | | | |
| PLEASE SEND CORRESPONDENCE, ACCORDING TO MY SELECTION TO THE NEW ADDRESS STARTING: | | | |
| _____ (Date) | | | |
| _____ Employee Signature | | _____ Date Signed | |
| NOTE: <u>Any</u> address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept change of address information over the telephone. To avoid unnecessary delays in receiving correspondence from the Trust 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". | | | |
| You may return this form to the Administration Office in one of the following ways: | | | |
| 1. Mail: WPAS, Inc. PO Box 3420 Seattle, WA 981 24-1203 | | | |
| 2. Fax: (206) 505-9727 | | | |
| 3. E-mail scanned document to: forms@wpas-inc.com | | | |