

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: Any 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 34203			
Seattle, WA 98124-1203			
2. Fax: (206) 505-9727			
3. E-mail scanned document to: forms@wpas-inc.com			