

Alaska Plumbing and Pipefitting Industry Pension Fund

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Administered by
Welfare & Pension Administration Service, Inc.

CHANGE OF ADDRESS FORM

Employee Name: _____

(Please print)

Employee Social Security or ID Number: _____

Employee Phone Number: _____

Old Address:

New Address:

(Include apartment or suite number)

(Include apartment or suite number)

Please send correspondence to the above address starting on: _____

(Date)

(Signature)

(Date)

Note: Any address change information must be submitted in writing and contain the employee'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 will also need to complete a new Health & Security and Pension Enrollment form.