AGC-International Union of Operating Engineers Local 701 Trust Funds

Mailing Address 15 - 82nd Drive, Suite 110 Gladstone, Oregon 97027 Phone (866) 697-5750 or (503) 657-9740 • Fax (503) 657-9737 • W eb site w w w .agc-iuoe701trusts.com

Administered by Welfare & Pension Administration Service, Inc.

CHANGE OF ADDRESS FORM

Employee	e Name: _		
		(Please p	
Employee	SSN # o	r Member ID #:	
Employee	Phone N	Number:	
Old Address			New Address
(Include apartment or suite number)			(Include apartment or suite number)
This addr	ess chang	ge pertains to the following:	
	D	HEALTH & WELFARE	CONLY (CLAIMS)
_		PENSION-DEFINED BI	
D PENSION-DEFINED		PENSION-DEFINED CO	ONTRIBUTION ONLY
D VACATION ONLY		VACATION ONLY	
	D	TRAINING ONLY	
Please sen	d corres _l	pondence according to my s	selection to the above address starting:
(Date)			
(Signature)			(Date)

<u>NOTE</u>: 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/Medical Forms".