

# Northwest Roofers and Employers Health & Security Trust Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

## CHANGE OF ADDRESS FORM

Employee Name: \_\_\_\_\_  
(Please print)

Employee Social Security Number: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Old Address:

New Address:

\_\_\_\_\_  
(Include apartment or suite number)

\_\_\_\_\_  
(Include apartment or suite number)

\_\_\_\_\_

\_\_\_\_\_

This address change pertains to the following:

- ALL
- HEALTH & WELFARE ONLY (CLAIMS)

Please send correspondence according to my selection to the above address starting:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**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".**