

# Northwest Insulation Workers Welfare Trust

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Administered by  
Welfare & Pension Administration Service, Inc.

## ADDRESS CHANGE FORM

**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".

Please print or type member information below:

Member's Name (First)	(Middle Initial)	(Last)
Social Security No. or WPAS ID	( ) Home Phone No.	( ) Mobile Phone No.

Email Address

OLD ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

NEW ADDRESS
Street Address
Suite or Apt Number
City, State and Zip

Send correspondence to the new mailing address starting:

\_\_\_\_\_ Date (MM/DD/YYYY)

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date Signed (MM/DD/YYYY)

You may return this form to the Administration Office in one of the following ways:

1. Mail: PO Box 34203 Seattle, WA 98124-1203
2. Fax: (206) 505-9727
3. Email: [forms@wpas-inc.com](mailto:forms@wpas-inc.com)