

Teamsters Joint Council No. 83 of Virginia

Health & Welfare and Pension Funds



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CHANGE OF ADDRESS FORM

PARTICIPANT'S LAST NAME	PARTICIPANT'S FIRST NAME	PARTICIPANT'S SSN OR UID								
<p>CHANGE OF ADDRESS APPLIES TO:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Active Employee</td> <td style="width: 50%;">Retiree (Pensioner)</td> </tr> <tr> <td>Spouse of Active Employee</td> <td>Pension Beneficiary</td> </tr> <tr> <td>Dependent Child over Age 18</td> <td>Pension Alternate Payee</td> </tr> <tr> <td>Court Ordered Alternate Beneficiary</td> <td>Terminated Vested Pension Participant</td> </tr> </table>			Active Employee	Retiree (Pensioner)	Spouse of Active Employee	Pension Beneficiary	Dependent Child over Age 18	Pension Alternate Payee	Court Ordered Alternate Beneficiary	Terminated Vested Pension Participant
Active Employee	Retiree (Pensioner)									
Spouse of Active Employee	Pension Beneficiary									
Dependent Child over Age 18	Pension Alternate Payee									
Court Ordered Alternate Beneficiary	Terminated Vested Pension Participant									
YOUR LAST NAME (IF YOU ARE NOT THE PARTICIPANT)	YOUR FIRST NAME (IF YOU ARE NOT THE PARTICIPANT)									
YOUR EMAIL ADDRESS	YOUR PHONE NUMBER									
YOUR NEW STREET ADDRESS	YOUR NEW CITY, ST ZIP									
<p>PLEASE LIST ANY COVERED DEPENDENTS FOR WHOM THIS CHANGE OF ADDRESS ALSO APPLIES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> </td> <td style="width: 50%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>										
YOUR SIGNATURE	DATE									