



TEAMSTERS LOCAL UNION 77
HEALTH & WELFARE FUND

P.O. BOX 9 • COLLINGSWOOD, NJ 08108

PLEASE NOTE: This form is only for COB Members of Local 77 Health & Welfare Fund

THIS FORM IS FOR CHANGE OF ADDRESS ONLY;
To add Spouse/Dependent(s), Please Contact The Fund Office

CHANGE OF ADDRESS

MEMBER'S NAME: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____

EFFECTIVE DATE: _____

MEMBER'S EMAIL: _____

SPOUSE'S EMAIL: _____

I CERTIFY THAT ALL OTHER INFORMATION ON MY CENSUS FILE IS CURRENT AND CORRECT.

MEMBER'S SIGNATURE: _____

DATE: _____

Email: census@asp-benefits.com