

Pipe Fitters Local No. 533 Health and Welfare Plan
8600 Hillcrest Road, Suite A / Kansas City, MO 64138 (ph.) 816-361-0206

Change of Personal Information Form

Member Information

This information is required.

Member's Name _____

_____/_____/_____
Member's Birth Date (mm/dd/yy)

XXX - XX - _____
Last four digits of Member's Social Security Number

_____-_____-_____
Member's Primary Telephone Number

Member's E-mail Address (optional)

Mailing Address Correction

Address Line 1 (street) _____

Address Line 2 (unit, apartment, or lot number) _____

City _____ State _____ Zip Code _____

Name Correction

If requesting a name change, please include a **copy** of one of the following forms of documentation: current driver's license, current state identification card, current passport, official birth certificate, official marriage certificate, or naturalization documentation.

Do not mail original documents with this form.

Name changes are not honored without one of the forms of identification listed above.

Incorrect Name _____

Correct Name _____

Member Authorization

To make the above request changes, the Fund Office requires that the Participant provides authorization by signing below. If the Participant has an authorized representative, please include a copy of power of attorney documentation.

I hereby confirm that I am the member stated above and I authorize the Fund Office to make the above changes to my personal account information.

Member's Signature _____

Member's Representative/POA _____

Date _____

Mail completed form to: 8600 Hillcrest Road, Suite A / Kansas City, MO 64138