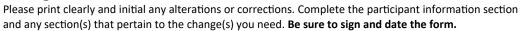
## **Teamsters Local 115**

## **Change Form**





Participant Information				
	Participant Name		Employer	
	Social Security Number		Date of Birth	
Type of Change				
Change contact information	Address			
	City	State	Zip	
	Email Phone Number			
Change Name	Change name from			
Attach legal documentation for name changes. (This document must show your current and previous name.) Examples of acceptable forms of legal documentation are	Change name to			
	Reason for change			
Marriage certificate, divorce decree or court documents.				
Signature				
I authorize Teamsters Local 115 Benefit Funds to make the changes indicated above. I understand that I must sign and date this form before it will be processed.	Participant's Signature		Date ( <i>mm/dd/yyyy)</i>	

After you complete and sign the "Change Form", mail it to:

Teamsters Local 115 10965 Decatur Road Philadelphia, PA 19154

