



Change Form

Please print clearly and initial any alterations or corrections. Complete the participant information section and any section(s) that pertain to the change(s) you need. **Be sure to sign and date the 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 <i>Attach legal documentation for name changes. (This document must show your current and previous name.) Examples of acceptable forms of legal documentation are Marriage certificate, divorce decree or court documents.</i>	Change name from

	Change name to

	Reason for change

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 (mm/dd/yyyy)
X _____	_____

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

**Teamsters Local 115
10965 Decatur Road
Philadelphia, PA 19154**