## **Engineers-AGC Retirement Trust of the Inland Empire**

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Administered by Welfare & Pension Administration Service, Inc.

## **CHANGE OF ADDRESS FORM**

Employee Name: _		(Please print)					
Birthdate:	Month	Day	Year	Employee Gender:	Male	Femal	
Employee Social Se	curity Num	ber or Wi	PAS ID Number: <sub>-</sub>				
Mailing Address:	Number		Street	City	State	Zip	
Home Phone No				Cell Phone No			
Local Union No		E	mail Address:				
Are you Retired?	Yes	□No					
This address chang	e pertains t	o the follo	owing:				
ALL							
HEALTH & WELI	ARE ONLY	(CLAIMS)					
RETIREMENT ON	ILY						
Signature				 			