ASEA Legal Services Trust Fund

Mailing Address P. O. Box 34203 Seattle, WA 98124-1203 Phone (866) 678-8647 • Fax (907) 561-4802 • Website www.asealegalservices.org

Administered by Labor Trust Services, Inc.

CHANGE OF ADDRESS

General Information

Last Name	First Name		Middle Initial		
Social Security Number or ID Number	Email		Phone Num	ber	
Old Address (Include Apartment or Suite Number)					
Street	,	City	State	Zip	
New Address (Include Apartment or Suite Number)					
Street	or saite Namber	City	State	Zip	
This address change pertains to th	e following:				
Trusts (select all applicable)		Participants (select all app	•		
☐ All Trusts	☐ Employee Only (If checked,		ked, this forn	d, this form must be signed	
☐ Health and Welfare (Claims) ☐ Retirement		by the employee)	Dependent (If checked, this form must be signed by the		
☐ Annuity	employee or the named dependent who must be age				
_ · · · · · · · · · · · · · · · · · · ·		18 or older)			
		Dependent's Name			
		☐ Entire Family (If checked, this form must be signed by the employee)			
Please send correspondence according to my selection to the above address starting:					
Date					
Signature			Date		

Any address change information must be submitted in writing and contain the member's signature. For security purposes, we cannot accept a change of address over the telephone. To avoid unnecessary delays in receiving correspondence from the Administration Office, it is imperative that we have your current address on file.

If there has been a change in your covered dependents or marital status, you need to complete a new enrollment form.

Please see "Enrollment Form" under the heading "Forms" on the Trust website.

Please return this form to PO Box 34203, Seattle, WA 98124 or email eligibility@wpas-inc.com or Fax (855) 855-7814