Transit Employees'
HEALTH AND WELFARE PLAN
2701 WHITNEY PLACE • SUITE 100 • FORESTVILLE, MARYLAND 20747-3457
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# Retiree Change of Address Form

Employee Name:_____

Employee Number:_____

Street Address: _____

City:_____State:_____Zip:_____

Employees who recently moved to another state, city or county must contact the accounting to complete the appropriate tax forms.

_____ _____

Employee Signature Date

Please email this form to the Pension office and Local 689 to update the member's address. If members move outside the HMO area, their insurance carrier must be updated.

Staff Initials ____

TEHW
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