

# Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds



Administered by West End Administrators, Inc.  
8814 Fargo Road · Suite 200 · Richmond, VA 23229  
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

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## Change of Address

**You are:**

**an Active Employee**

**a Pension Beneficiary**

**a Retiree**

**an Alternate Payee**

**a Terminated Vested Pension Participant**

**Your Alt ID or SSN:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_  
*Last* *First* *Middle*

**Your NEW Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your NEW Phone Number:** \_\_\_\_\_

**Your Email Address:** \_\_\_\_\_

**Your Effective Date of Change:** \_\_\_\_\_

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_