



Teamsters Western Region & Local 177 Health Care Plan

CHANGE OF ADDRESS

NAME: _____

SSN: _____

NEW ADDRESS: _____

PHONE: _____

TODAY'S DATE: _____

As a plan participant, it is your responsibility to update the Administrative Office if you move or have an alternative address to where you want your health plan documents and correspondence mailed. Please contact the Administrative Office at (855) 215-2039 or submit a Change of Address Form to notify the health plan of any future address or phone number changes.

Administrator: Southwest Service Administrators, Inc.

P.O. Box 43110, Phoenix, AZ 85080-3110 • Phone: 855-215-2039 • Fax: 602-324-0555 • www.wr177healthcare.com

The Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-215-2039 (TTY: 855-983-9889).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-215-2039 (TTY: 855-983-9889)