

Change of Address Request

UMWA Health and Retirement Funds
Attn: Call Center
2121 K Street, NW, Suite 350
Washington, DC 20037

Please **print** clearly and provide all information requested.

Mineworker/Widow Name: _____
(Last, First, Middle)

ID Number or Social Security Number: _____ Telephone Number: (____)____-_____

List **All** dependents currently living with you: _____

New Physical Address:

Street Address: _____

City or Town, State and Zip Code: _____

New Mailing Address (if different from physical address):

Street Address: _____

City or Town, State and Zip Code: _____

Old Address:

Street Address: _____

City or Town, State and Zip Code: _____

Signature: _____ Date: _____

- If signing for a beneficiary, you must include legal proof of your power of attorney or guardianship status or relationship.
- If witnessing a beneficiary's mark, write out both the full name of the beneficiary for whom you are witnessing and your full name.
- If the beneficiary is unable to make a mark, and has not granted you power of attorney or guardianship, please describe the circumstances on the back and provide your telephone number.