



TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN

2701 Whitney Place #100

Forestville, Maryland 20747

P: 301-568-2294 F: 240-745-3956 E: INFO@TEHW.ORG

RETIREE CHANGE OF ADDRESS FORM

Name: _____ Employee #: _____

Date of Birth: ____/____/____

Address: _____

Apt/Building #: _____ State: _____ Zip Code: _____

Signature: _____ Date: ____/____/____

Please Note: Employees who have recently relocated to a different state, city, or county must contact the Accounting Department to complete the necessary tax forms.

Please email the completed form to both the WMATA Pension Office and ATU Local 689 to update the member's address. If a member moves outside the HMO service area, their insurance carrier information must also be updated.

----- **FOR STAFF COMPLETION ONLY** -----

Staff Initials: _____