



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

CHANGE OF INFORMATION FORM

EMPLOYEE INFORMATION

Name: _____ Employee #: _____

Date of Birth: ____/____/____

Check the following: Active Employee Retired Employee

MAILING ADDRESS CORRECTION

Address: _____

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

Email: _____

NAME CORRECTION

If you are requesting a name change, please include a copy of one of the following documents: a current driver's license, state identification card, passport, official birth certificate, official marriage certificate, or naturalization document. A name change cannot be processed without one of these forms of identification.

Correct Name: _____

MEMBER AUTHORIZATION

I confirm that I am the member identified above and authorize the Transit Employees' Health and Welfare Plan to make the stated adjustments to my personal account information.

Signature: _____ Date: ____/____/____

Please Note: For retirees who have recently relocated to a different state, city, or county must contact the WMATA Pension 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.



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

Staff Initials: _____

Date: ___/___/___