

**PHILADELPHIA FEDERATION OF TEACHERS HEALTH AND WELFARE FUND
NOTICE OF CHANGE**

PLEASE PRINT	Last Name	First	Middle	Social Security Number		
Home Address	No. and Street	City	State	Zip Code	Telephone No.	

Reason for Change (Check Appropriate Boxes):

- Above Address is my NEW Address
- To Advise That I have been married and
to add the name of my spouse
- To Add name of my new born child
- To Delete the name of my spouse or child

You must notify the District directly within 30 days of this life qualifying event. Otherwise you will not be able to obtain coverage until the next open enrollment period (215)400-4630

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If Employee is female, give maiden name also

If applicable, if you have not already done so, you must attach a copy of:
a. birth certificate b. marriage certificate c. adoption papers d. custody order
e. guardianship order f. death certificate g. divorce papers

Provide SS# for Spouse and other Dependents

List Persons To Be Added or Deleted	Check one		Relation To You (Check Column)			Date of Birth		
	Add	Delete	Spouse	Son	Daughter	Month	Day	Year

Date _____ Employee's Signature _____