

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

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

**PERSONAL EMAIL ADDRESS (DO NOT USE SCHOOL DISTRICT EMAIL)**

Reason for change (Check appropriate boxes):

- Above address is my NEW address
- Advise that I have been married and to add the name of my spouse
- Add name of my new born child
- Delete the name of my spouse or child
- Name change (member or dependent )

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 \_\_\_\_\_