

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500  
FAX (415) 749-1321

ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

This form **must** be signed by the member, pensioner or survivor pensioner or by his/her authorized representative. If this form is signed by an authorized representative, documentation acceptable to the Trustees must be on file with the Benefit Plans Office or must accompany this form. This form will be used to update your address with the ILWU-PMA Benefit Plans Office and your Health Plan carriers.

## CHANGE OF ADDRESS FORM

PLEASE PRINT CLEARLY

REG NO: \_\_\_\_\_

LOCAL: \_\_\_\_\_

ACTIVE

PENSIONER

OTHER

NAME: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

MAILING ADDRESS			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			

CONTACT INFORMATION	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	

RESIDENCE ADDRESS (If different than above)			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			

TEMPORARY ALTERNATE ADDRESS/SNOWBIRD ADDRESS			
STREET			
APT			
CITY			
STATE		ZIP	
COUNTRY			
Recurring			
START DATE (MM/YYYY)		through	
END DATE (MM/YYYY)		Y/N	

EMERGENCY CONTACT: \_\_\_\_\_  
NAME PHONE

OR

MEMBER'S SIGNATURE

DATE

SIGNATURE OF MEMBER'S AUTHORIZED REPRESENTATIVE

DATE

**FOR PENSIONERS:** IF YOU WISH TO HAVE YOUR MONTHLY PENSION CHECK ELECTRONICALLY DEPOSITED TO YOUR FINANCIAL INSTITUTION, PLEASE CONTACT YOUR LOCAL OR THE PLAN OFFICE FOR AN ELECTRONIC FUND TRANSFER AUTHORIZATION FORM.

**RETURN FORM TO:**

ILWU-PMA BENEFIT PLANS  
1188 FRANKLIN STREET, SUITE 101  
SAN FRANCISCO, CA 94109

**FAX:**

(415) 749-1400

or (415) 749-1321

**EMAIL:**

[pension@benefitplans.org](mailto:pension@benefitplans.org)