

Alaska Electrical Health & Welfare Fund
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Anchorage, AK 99503-2782
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DEPENDENT ALTERNATE ADDRESS FORM

Participant's Name: _____

Participant's SSN: _____

Participant's Date of Birth: _____

Dependent's Name: _____

Dependent's Phone Number(s): _____

Dependent's Mailing Address: _____

Date Effective: _____

Signature: _____ Date: _____

Posted by: _____ Date: _____