

Hawaii Employer-Union Health Benefits Trust Fund (EUTF) ADDRESS CHANGE FORM FOR RETIREES Customer Service Phone: 586-7390 or toll free 1-800-295-0089	1. Effective Date of Change:
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See Instructions on reverse side BEFORE completing this form.

2. Retiree's Last Name, First, M.I.:	3. EUTF ID or SSN:	4. DOB (mm/dd/yyyy)
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5. Residence Address:	6. Mailing Address (please complete even if same as Residence Address):
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7. City:	8. State:	9. Zip Code:	10. Phone Number(s): Home: Mobile: Email Address:
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EUTF Rules State:

4.06 Notification of Changes in Personal Information

Each employee-beneficiary shall immediately notify the Fund in writing of any changes in the employee-beneficiary's name or address or marital or domestic partnership status, of the birth of adoption of a child or any other changes in the family status of the employee-beneficiary, and any other material changes in the information previously filed by the employee-beneficiary as part of an enrollment application. Each notice to the Fund shall be submitted through the employee-beneficiary's employer or, if none, shall be submitted directly to the Fund.

11. Certification

I certify that I am the person listed on this form and that my signature authorizes the EUTF to update my address as indicated above. This address change supersedes all previously submitted address changes.

Retiree's Signature: _____

Date: _____

Fax to: 808-586-2161, **Mail to:** EUTF, P.O. Box 2121, Honolulu, HI 96805-2121 OR
Deliver to: City Financial Tower, 201 Merchant Street, Suite 1700.

This form is for address changes only. Any enrollment changes such as adding or deleting dependents must be reported on Form EC-2/EC-2H (for HSTA VB members only) which is available on our website www.eutf.hawaii.gov. Enrollment changes can only be made during an open enrollment period or if you have a qualifying event during the plan year.

IMPORTANT INFORMATION FOR RETIREES

INSTRUCTIONS FOR ADDRESS CHANGES FOR RETIREES

1. If you have moved or have changed your address, you **must** notify us in writing by using the Address Change Form for Retirees. Or, you may send us a letter including the same information as Sections # 1-10 on the form.
2. Complete Sections #1-10: Retiree's Name, EUTF ID or SSN, Address, City, State, Zip Code, Birth Date, Phone Number(s) and Email Address.
3. Certify the form by signing and dating Section #11 at the bottom.
4. Fax, mail or deliver completed form to:

Fax: 808-586-2161

Mail:
EUTF
P.O. Box 2121
Honolulu, HI 96805-2121

Deliver:
EUTF
City Financial Tower
201 Merchant Street, Suite 1700