



Hawaii Employer-Union Health Benefits Trust Fund

Retiree Address Change Form

Not for Active Employee Use

Complete each section thoroughly, please print clearly

Effective Date of Change:	EUTF ID or Social Security No.:
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DEMOGRAPHIC INFORMATION

Full Name: _____ Birthdate: ____ / ____ / ____
Last First M.I.

New Mailing Address: _____ New Residence Address: _____
City State Zip Code City State Zip Code

Home Phone: () _____ Cell Phone: () _____ Email: _____

This form is for address changes only. Any enrollment changes such as adding or deleting dependents must be reported on the EC-2/EC-2H (for HSTA VB members only) form, which is available on our website at eutf.hawaii.gov.

SIGNATURE

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.

Signature _____
Date

Please submit forms to:
 EUTF
 201 Merchant Street, Suite 1700
 Honolulu, HI 96813

Customer Service Call Center
 Oahu (808) 586-7390
 Toll Free 1(808) 295-0089
 Fax (800) 586-2161