



Hawaii Employer-Union Health Benefits Trust Fund

Retiree Address Change Form

Not for Active Employee Use

Clear Form

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 _____ New _____
Mailing _____ Residence _____
Address: _____ 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(800) 295-0089
Fax (808) 586-2161