



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:	HB# or Social Security No:

## 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](http://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 form by mail or hand deliver 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