



Participant Change of Address Form

Name of Participant: _____ Employee ID: _____

Please fill in the information requested below and be sure to provide both your former address and your new address. Also please provide a daytime phone number where we can call you if we have any questions.

Former Address:

Street

City, State, Zip

New Address:

Street

Current Phone Number (Evening)

City, State, Zip

Current Phone Number (Daytime)

Please send all future communications to me at my new address beginning on the date shown below.

Participant's Signature

Date

**RETURN ALL FORMS AND DOCUMENTATION TO:
Dow North America Benefits – Pension Paperwork
DEPT: DOW
PO Box 981901
El Paso, TX 79998**

Note: Only United States Postal Service mail will be accepted; please use Priority or Express mail for expedited service. You may also post all forms and documentation via Message Center at <https://dowbenefits.ehr.com>.