



Change of Address Form

Name: _____

Employee Number: _____

Please provide your new address below. Also, please provide a daytime phone number where we can call you if we have any questions.

New Address:

Street

City, State, Zip

Please send all future communications to me at my new address.

Signature

Date

Last 4 of Participant's Social Security #

Current Phone Number

**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 Inbox at <https://dowbenefits.ehr.com>.