



## 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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Current Phone Number (Evening)

\_\_\_\_\_  
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>.**