



Change of Address Request

SECTION I: PARTICIPANT INFORMATION – *Please print all of your information*

Name: _____ Last 4 of SSN: _____

NEW ADDRESS

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: ()

E-mail: _____

Effective Date: _____

PREVIOUS ADDRESS

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: ()

E-mail: _____

SECTION II: SIGNATURE – *Please read carefully. Sign and date below.*

This form must be signed and dated below in order for EIT Benefits Fund to change your address.

Participant Signature: _____ Date: _____

RETURN THIS COMPLETED FORM TO
EIT Benefit Funds, 221 N. LaSalle Street, Suite 200, Chicago Illinois 60601-1214
Phone (312) 782-5442 • Fax (312)782-4431