



# Employee Address Change Form

*Not for Retiree Use*

Clear Form

Complete each section thoroughly, please print clearly

Effective Date of Change:	EUTF ID or Social Security No.:
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## 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-1/EC-1H (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 your signed form to your departmental human resource officer or enrollment designee.

\*\*For DOE employees, please submit your signed form to: DOE – EBU, PO Box 2360, Honolulu, HI 96804

### Official Use Only

Department ID#	Department	Division/School	Bargaining Unit
Date Received in Office / /	DPO Phone Number		DPO Fax Number
DPO (or employer designee) Printed Name		Date of DPO (or employer designee) Signature / /	
DPO (or employer designee) Signature			