



INNOVATIONS FOR LIVING™

## RETIREE ADDRESS CHANGE FORM (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_

Employee ID or Social Security Number: \_\_\_\_\_

New Address:

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Effective Date \_\_\_\_\_

Please mail the address change form to:

Owens Corning

One Owens Corning Parkway

Toledo, OH 43659

Attn: Benefits Service Center 1B1

Or Fax to: 1-800-936-5991

Or send via email to: [Benefits@owenscorning.com](mailto:Benefits@owenscorning.com)