



INNOVATIONS FOR LIVING™

RETIREE ADDRESS CHANGE FORM (PLEASE PRINT CLEARLY)

Name: _____

Employee ID or Social Security Number: _____

New Address:

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