CHICAGO TRANSIT AUTHORITY—RETIREE HEALTH CARE TRUST
c/o Group Administrators, Ltd. • 953 American Lane, Suite 100, Schaumburg, IL, 60173

CHANGE OF ADDRESS AUTHORIZATION FORM

TODAY'S DATE: _____

YOUR NAME (PRINT):_____

_____ _____
HOME TELEPHONE # **CELL PHONE #**

_____
EMAIL ADDRESS

This address authorization form is to inform the Retirement Plan for CTA Employees and the Health Care Trust that I have a new mailing address. Please update your records to replace my previous address.

PREVIOUS ADDRESS

_____
STREET ADDRESS

_____
CITY **STATE** **ZIP CODE**

NEW PHYSICAL ADDRESS

_____
STREET ADDRESS

_____
CITY **STATE** **ZIP CODE**

NEW MAILING ADDRESS

☐ **SAME AS ABOVE**

_____
STREET ADDRESS

_____
CITY **STATE** **ZIP CODE**

SIGNATURE: _____ **S.S.#:**_____

FAX NUMBER: 847-519-9479 EMAIL ADDRESS: rhct@groupadministrators.com