CHICAGO TRANSIT AUTHORITY—RETIREE HEALTH CARE TRUST
c/o Group Administrators, Ltd. • 20 North Martingale Rd., Suite 290, 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: 855-978-2331 EMAIL ADDRESS: rhct@groupadministrators.com