Home Address Change Request (Non-USA)

• For use by employees who retired, terminated on or after 1/1/2011 and have a Boeing Payment Entitlement or with Active Recall.
• For use by active employees who are instructed by Worklife for authentication purposes.

If you know your Worklife password, do not use this form. If you do not know your password, mail or fax this completed form to the address listed below. Once the update has been made, a new Worklife password will be mailed to you at your new home address. The password and your BEMS ID* are very important because you will be required to provide both whenever you use Worklife via the phone or external internet.

**BEMS ID is an identification number assigned by Boeing to use in place of your SSN. You must provide your BEMS ID on this form. If you do not know your BEMS ID, please contact Worklife at 1-866-473-2016 and say "BEMS ID" when prompted.*

1. Name *(please print)*: (First) _____ (Middle) _____ (Last) _____

2. BEMS ID *(*see instructions above if BEMS ID is not known)*: _____

3. Birth Year: _____ **4. Phone:** (_____) _____ - _____

5. Old Address *(street, city, state/province, postal)*: _____

6. New Address *(street, city, state/province, postal)*: _____

7. Email Address *(to send confirmation of update)*: _____

8. Is the person completing this form the same person that is listed in section 1?

☐ Yes - Proceed to section 9

☐ No - You must be the Authorized Agent (Power of Attorney, Conservator or Guardian) of the named person and have approved documentation on file with Boeing. If you are, enter your name here, and proceed to section 9. If not, go to www.boeing.com/poa and follow the guidelines for submitting the documentation for approval first. Once approved, you may then proceed with this change of address form. Note: If agents must act jointly, then all agents must sign the form.

Authorized Agent Name *(please print)*: _____

9. Signature of above named person or their Authorized Agent *(sign in front of two witnesses – see section 10)*

Signature: _____ Date: _____

10. Signature Authentication Requirement *(Only for use by individuals living outside the United States)*

I declare under penalty of perjury that the person who signed this document is personally known to me or proven to me to be the named person or named authorized agent.

Witness 1 Signature: _____ Witness 2 Signature: _____

Witness 1 Printed Name: _____ Witness 2 Printed Name: _____

Witness 1 Address: _____ Witness 2 Address: _____

_____ Date: _____ _____ Date: _____

11. Mail or fax completed form to: **The Boeing Company, Boeing Worklife Care Team,**
PO Box 1466, Lincolnshire, IL 60069-1466
Fax: (847) 554-1454

For questions, call Worklife at 1-866-473-2016 or go to www.boeing.com.
Note: If this form is incomplete or something needs clarification, you may be contacted by Worklife.

IMPORTANT: A new state or locality may change your health insurance coverage and/or require a change in tax withholding status or deductions.