

KODAK RETIRED EMPLOYEES BENEFICIARY ASSOCIATION (KREBA)

WEB SITE: k-reba.com

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Pittsburgh, PA 15222
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Kodak Retiree (or Surviving Spouse/Dependent) Contact Information Form

In order to maintain accurate contact information for all KREBA participants, we are asking you to please complete the information below and return this Form at your earliest convenience. This will enable the KREBA Trustees to make sure you receive all important information regarding benefits and other matters involving the KREBA Plan.

Name of Retiree (or Surviving Spouse or Dependent):

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: () _____ Cell Number: () _____

Email Address: _____

Seasonal/Secondary Phone Number: () _____

Seasonal/Secondary Address: _____

City: _____ State: _____ Zip Code: _____

Typical Timeframe residing at Seasonal/Secondary Address: _____ to _____
Month Month

Signature of Retiree/Surviving Spouse or Dependent

Date: ____/____/____

Please notify the KREBA Administrative Office of any changes to your contact information.

Thank you.