

Change of Address



Please Check One: _____ **EMPLOYEE** _____ **RETIREE** _____ **OTHER**

Please ensure that the address we have listed is accurate. If you need to change your address at any time, please complete this form and follow the instructions below.

Employee No.: _____ **OR** Social Security No.: _____

Employee Name: _____
 First Middle Last

New Address: _____
 Street Apt No.

 City State Zip Code

Home Phone: _____ Alt. Phone: _____

Email Address: _____

Effective Date: _____

County _____ School District _____

Signature: _____ Date: _____

Please mail this form to:

Marathon Petroleum Company
Attn: Benefits Service Center **Room:** D-03-105
539 South Main St.
Findlay, OH 45840

Or email to: benefits@marathonpetroleum.com

If you have any questions, please contact the
Marathon Petroleum Benefits Service Center at 1-888-421-2199