

Let's make this easy.®

Change of Address Form

To submit your change of address, print this form, complete it in full, and mail it to:

Combined Life Insurance Company of New York

Policyholder Services

PO Box 6703

Scranton, PA 18505-0703

If you have any questions, please call our Customer Service department at 1-800-951-6206 between 8:30 a.m. to 6:00 p.m., EST. All documentation mailed by Combined Life Insurance Company of New York will be sent to the current mailing address we have on file.

Customer Information First name: _____ Last name: _____ Policy number(s): E-mail address: ___ **Old Address** Street address: ______ State/Province: ___ _____Postal/ZIP Code: __ Country: ___ Home phone number: _____ Business phone number: ____ Address type (circle one): Residential Business Mail Other **New Address** Street address: City: _____ State/Province: _____ _____ Postal/ZIP Code: _____ Country: Home phone number: _______ Business phone number: _____

Other

Address type (circle one): Residential Business Mail