



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: _____

City: _____ State/Province: _____

Country: _____ Postal/ZIP Code: _____

Home phone number: _____ Business phone number: _____

Address type (circle one): Residential Business Mail Other

New Address

Street address: _____

City: _____ State/Province: _____

Country: _____ Postal/ZIP Code: _____

Home phone number: _____ Business phone number: _____

Address type (circle one): Residential Business Mail Other