



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 Insurance
Policyholder Services
5050 North Broadway
Chicago, Illinois
60640-3060 USA

If you have any questions, please call our Customer Service department at 1-800-225-4500 during regular business hours, 7:30 a.m. to 6:00 p.m., CST. Combined Life Insurance Company of New York customers, please call 1-800-951-6206 between 8:30 a.m. to 6:00 p.m., EST. All documentation mailed by Combined Insurance 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