



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 Company of America  
Policyholder Services  
PO Box 6703  
Scranton, PA 18505-0703

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. 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