



Illinois Life and Health Insurance Guaranty Association
Relating to Penn Treaty, in Liquidation

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www.ILHIGA.org

ADDRESS CHANGE FORM

Policyholder name _____ Policy # _____

Effective date of address change ____ / ____ / ____

Old address

New address

Old phone number

New phone number

(____) _____

(____) _____

Alternate contact name

Phone number for alternate contact

(____) _____

Please indicate the reason for the address change:

- Moving to my new home or apartment
- Moving to the home of family or friends
- Moving into a facility complex
- Mailing address change only, actual residence not changing
- Other _____

Policyholder or authorized representative's signature
(PLEASE ATTACH COPY OF LEGAL DOCUMENT IF NOT ALREADY ON FILE)

____ / ____ / ____
Date

Please submit your completed form to one of the options below. For further assistance please contact us at

Email: PTInquiry@illinoisga.org
Fax: 773.304.3559
Mail: PO Box 4198
Lisle, IL 60532