



## 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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

(PLEASE ATTACH COPY OF LEGAL DOCUMENT IF NOT ALREADY ON FILE)

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

Email: [PTInquiry@illinoisga.org](mailto:PTInquiry@illinoisga.org)  
Fax: 773.304.3559  
Mail: PO Box 4198  
Lisle, IL 60532