



Illinois Life and Health Insurance Guaranty Association  
PO Box 4198  
Lisle, IL 60532  
www.ilhiga.org

tel. 773.444.4071  
fax. 773.304.3559  
ILClaims@illinoisga.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: ILClaims@illinoisga.org  
Fax: 773.304.3559  
Mail: PO Box 4198  
Lisle, IL 60532