



tel 800.362.0700
fax 610.965.6962
www.penn treaty.com

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)

Mail this form to the address below or fax to 610-965-6962

American Independent Network Insurance Company of New York
Claims Department :: PO Box 7066 :: Allentown, PA 18105-7066