



tel 800.362.0700  
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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**

Penn Treaty Network America Insurance Company (In Liquidation)  
(Penn Treaty Network America Life Insurance Company in California)  
American Network Insurance Company (In Liquidation)