



Genworth Life & Annuity  
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# Address Change Form

from Genworth Life and Annuity Insurance Company,  
 Genworth Life Insurance Company and  
 Genworth Life Insurance Company of New York†

Page 1 of 1

**Insured's Name:** .....

**Claim Number:** .....

**Policy Number:** .....

**Please Note:**

- Please provide the requested information and your signature in the sections below.

## Type of Change

**A. This change applies to:**

- Insured       Attorney-In-Fact       Guardian/Conservator       Other: .....

**B. Address change is for:**

- Payment (this includes benefit checks, explanation of benefits, and tax documents)
- Correspondence (all other letters or documents related to the claim)

C. Name: .....

**Old Address:** ..... Home Phone Number: .....

City: ..... State: ..... Zip Code: .....

**New Address:** ..... Home Phone Number: .....

City: ..... State: ..... Zip Code: .....

*We will also make changes for billing purposes so that the address for all non-claim related activities will be changed as requested above. If you do not wish for this change to be made for non-claim correspondence, please check below.*

- Do not make the change for billing purposes**

## Signature

If you are signing as a fiduciary or representative, you must sign in that capacity and, if you have not already done so, provide documentation of authority.



**Signature of Insured or Legal Representative**

X .....

**Print Name of Insured or Legal Representative**

.....

**Date**

.....

**Capacity** *Select One*

- Individual / Self
- Attorney-In-Fact
- Guardian
- Conservator
- Custodian
- Sole Trustee
- Executor / Executrix
- Personal Representative
- Administrator
- Other (Please specify) .....
- Co-Trustee