

Send Completed Form To:
 Zurich Insurance
 PO Box 968044
Schaumburg, IL 60196-8044
FAX: 973-394-5262

Change of Address Notification

	1.	1. Claimant's Name		
	2.	2. Claim Number		
	3.	3. Social Security Number – Last four digits		
	4. Date of Injury			
	5.	5. Old Address (Street or P.O. Box, City, State, Zip)		
	6. New Address (Street or P.O. Box, City, State, Zip)			
	7. New County			
	8. New Phone Number (Include area code)			
9.		P. Have you ever been, or are you currently being represented by an attorney in this claim?		
	If yes, please give name and address of attorney.			
	Cla	aimant's Signature	Date	