

NOLHGA ELNY Information Update Center  
PO Box 44029  
Indianapolis, IN 46244-4029

### ELNY Address Update Questionnaire

The National Organization of Life and Health Insurance Guaranty Associations is in the process of updating ELNY's records in order to ensure a smooth transition to the Restructuring Agreement described in the enclosed material. To ensure that you receive all the benefits you will be entitled to receive under the Restructuring Agreement, including coverage and benefits being provided by the state life and health insurance guaranty associations, we need you to confirm the information requested below. **Please complete this form and return it to us in the enclosed self-addressed stamped envelope by January 7, 2012.**

**ELNY Annuity Number:** \_\_\_\_\_

(as shown on the first page of the letter)

**Payee Name:** \_\_\_\_\_

**Primary Residency Address of Payee:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Mailing Address for ELNY Annuity Benefits (if different than above Primary Residency Address):**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Have you transferred any or all of your rights as payee to receive benefits or payments under the above referenced ELNY Annuity to any other person?**

Yes  No