

The Prudential Insurance Company of America
 Disability Management Services
 P.O. Box 13480, Philadelphia, PA 19176
 Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

Address Verification

1 First Name MI Last Name Claim Number

Home Phone Mobile Phone

We would like to verify your current address for our records. Please complete the information below and return this form to our office at the address or fax number listed above.

2 **Current Residence Address**

Residence Address – Line 1

Residence Address – Line 2

City State Zip Code

3 **Current Mailing Address**
(if different)

Mailing Address – Line 1

Mailing Address – Line 2

City State Zip Code

4 **Employee Signature**

_____ Date Signed (MM/DD/YYYY)

Employee Signature

