

WC-CHANGE OF ADDRESS

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
REQUEST FOR CHANGE OF ADDRESS**

Instructions: This form is to be used to change address of record. Use this form to notify the Board that a party has relocated or moved. **DO NOT** file this form for a party that has been listed incorrectly in a claim.

A. EMPLOYEE/CLAIMANT CHANGE OF ADDRESS					
Board Claim Number	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
Old Phone Number			New Phone Number		
Old Address			New Address		
City	State	Zip Code	City	State	Zip Code
Old E-mail Address			New E-mail Address		

B. ALL OTHER PARTY ADDRESS CHANGES					
<input type="checkbox"/> EMPLOYER	Name				FEIN
Old Phone Number			New Phone Number		
Old Address			New Address		
City	State	Zip Code	City	State	Zip Code
Old E-mail Address			New E-mail Address		

<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> For Employee	<input type="checkbox"/> Other	Name		GA Bar number
			<input type="checkbox"/> For Employer		
Old Phone Number			New Phone Number		
Old Address			New Address		
City	State	Zip Code	City	State	Zip Code
Old E-mail Address			New E-mail Address		

<input type="checkbox"/> OTHER PARTY	<input type="checkbox"/> Insurer	<input type="checkbox"/> Self-Insurer	Name		
			<input type="checkbox"/> Claims Office		
			<input type="checkbox"/> Party at Interest		
Old Phone Number			New Phone Number		
Old Address			New Address		
City	State	Zip Code	City	State	Zip Code
Old E-mail Address			New E-mail Address		

C. CERTIFICATE OF SERVICE		
<input type="checkbox"/> I certify that I have today sent a copy of this form to all of the parties and have sent this form to the State Board of Workers' Compensation, 270 Peachtree Street, NW, Atlanta, GA 30303-1299		
Print Name Here	Signature	Date
Phone Number	E-mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwsc.georgia.gov>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).