

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.	Date of Injury
Old Phone Number			New Phone Number		
Old Mailing Address			New Mailing 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 Mailing Address			New Mailing 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 Mailing Address			New Mailing 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 Mailing Address			New Mailing 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.sbwg.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).