Andy Beshear
GOVERNOR

EDUCATION AND LABOR CABINET

Department of Workers' Claims
Division of Workers' Compensation Funds
Special Fund
Scott Wilhoit, Commissioner
500 Mero Street, 3rd Floor
Frankfort, Kentucky 40601
(502) 564-5467
FAX (502) 695-5608

Jamie Link
SECRETARY

CHANGE OF ADDRESS AUTHORIZATION FORM
Complete the information below, Notarize and mail to our office

CLAIM NUMBER: ________________________

CLAIMANT'S NAME: _____________________SS#______________________

OLD ADDRESS: ____

____

NEW ADDRESS ____

____

PHONE NUMBER: (   ) ____

CLAIMANT SIGNATURE: ____

Notarization Required

State of _________________

County of _______________

Subscribed and sworn to before me this _______day of _______________, 20_____ by ______________________________, known to me or proven to be the same person executing this document.

____
NOTARY PUBLIC

My Commission Expires: ________________________
(AFFIX SEAL)