



KENTUCKY LABOR CABINET

Division of Workers Compensation Funds
Payment Branch

Suite 4, 1047 U.S. Highway 127 South
Frankfort KY 40601

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Steven L. Beshear
Governor

Daniel Mongiardo
Lieutenant Governor

J. R. Gray
Secretary

Mark S. Brown
Deputy Secretary

Robert L. Whittaker
Director

SFAC

ADDRESS CHANGE REQUEST FORM

Please fill out all information completely. Sign, date and mail form to: Kentucky Labor Cabinet, Division of Worker's Compensation Funds, 1047 US HWY 127 South, Ste. 4, Frankfort, KY 40601. Please allow up to 4 weeks for the address change to take effect. .

CLAIM NUMBER: _____

CLAIMANT'S NAME: _____ SS# _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

SIGNATURE OF PAYEE: _____ DATE: _____

