



**KENTUCKY LABOR CABINET**  
**Department of Workers' Claims**  
**Division of Workers' Compensation Funds**

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[www.labor.ky.gov/workersclaims](http://www.labor.ky.gov/workersclaims)

**Andy Beshear**  
Governor  
**Jacqueline Coleman**  
Lieutenant Governor

**Larry L. Roberts**  
Secretary  
**Robert L. Swisher**  
Commissioner

**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 \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (    ) \_\_\_\_\_

CLAIMANT SIGNATURE: \_\_\_\_\_

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)

