

IMPORTANT REMINDER
CHANGE OF ADDRESS FORM FILING REQUIREMENT

Following resolution of a claim in which medical benefits are limited to 780 weeks, the claimant, employer, and medical payment obligor shall notify the Department of Workers' Claims in writing of any change in the claimant's physical mailing address or email address. (803 KAR 25:290, Section 2(2), (3)). The Change of Address form incorporated in the regulation is available on the Department's website under the "Forms" tab. The form must either be mailed to the Department or scanned and emailed to KYWC.ClaimsProcessing@ky.gov. Upon receipt, the Department will update the Litigation Management System record. The most recent address in the record will be the address to which the document advising the claimant of the right to file an application for continuation of medical benefits will be mailed pursuant to KRS 342.020 (3)(b). **Changes submitted through the EDI process do not satisfy this filing requirement.**