



Claim number(s)

Instructions

- Complete the appropriate sections below to document your contact information change(s).
Submit this form via fax to 1-866-336-8352, or send it to your local BWC office.

I am reporting the following changes (check all that apply). Change of:
[ ] Name;
[ ] Address (mailing and/or home);
[ ] Phone number (cell and/or home);
[ ] Email address.

Effective date of change

Form sections: Injured worker name, Mailing address, Home address, Phone number, Email address, Injured worker signature. Each section contains fields for old/new information and checkboxes for home/cell phone.