

Labor and Industries
Claims Administration
PO Box 44291
Olympia WA 98504-4291



ADDRESS CHANGE REQUEST FOR INJURED WORKERS

Claim Number:

NAME

Effective Date for your New Address:

New Residential Address:

City	State	ZIP+4
Is your MAILING ADDRESS the same as above?		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

New Mailing Address (if different than Residential Address):

City	State	ZIP+4


Telephone number, including area code:

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Signature

Today's Date

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PLEASE NOTE that you must notify Labor and Industries of your new address right away to prevent a delay of benefits. You may also update your address on-line at the [Claim and Account Center](#) .

Mail:

Claims Administration
Department of Labor and Industries
P.O. Box 44291
Olympia, WA 98504-4291

Fax:

Notify your claim manager before sending the fax. Use any of the following numbers:

- 360-902-4565
- 360-902-4566
- 360-902-4567

Call 1-800-LISTENS or your claim manager if you have questions.