

## CLAIMANT CHANGE OF NAME AND ADDRESS FORM

To notify the department of a name or address change, complete this form, sign and mail it to:

**Vermont Department of Labor**

Attn: Claims Center  
P.O. Box 189  
Montpelier, VT 05601-0189

Or fax the completed form to the department at 802-828-9191.

**PLEASE PRINT and provide the following information:**

SSN: \_\_\_\_\_

Former Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Old Telephone Number: (\_\_\_\_) \_\_\_\_\_

**NEW Name:** \_\_\_\_\_

**NEW Address:** \_\_\_\_\_  
\_\_\_\_\_

**NEW Telephone Number:** (\_\_\_\_) \_\_\_\_\_

*I hereby authorize the change of this information on my Unemployment Insurance Claim.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

If you are currently enrolled in the direct deposit program and your bank account and/or routing numbers have changes as a result of the move or name change, you **MUST** call the Weekly Continued Claims Line at 1-800-983-2300, Option 6, and update your account information **OR** cancel your direct deposit **immediately**. Failure to do this will result in the delay of your expected payments. **It is your responsibility** to maintain accurate information with this department.