

CLAIMANT CHANGE OF NAME, ADDRESS AND/OR TELEPHONE NUMBER

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:

Last four digits of SS#: _____

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 changed 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.