

Claimant Change of Address Form

Use this form to notify the Vermont Department of Labor of a name and/or address change. You may return the signed and completed form to the Department by one of the following methods:

- ✓ By email: Labor.uiclaimscenter@vermont.gov
- ✓ By fax: (802) 828-9191
- ✓ By mail: Vermont Department of Labor
Unemployment Insurance - Claims Center
PO Box 189,
Montpelier, VT 05601-0189

PLEASE PRINT

CURRENT INFORMATION ON FILE

Full Name: _____

Last 4 digits of Social Security Number: X X X - X X - _ _ _ _

Address: _____

Telephone Number: _____ Email: _____

NEW INFORMATION AS SHOWN BELOW:

Full Name: _____

Address: _____

Telephone Number: _____ Email: _____

I hereby authorize the change of this information on my unemployment insurance claim.

Claimant Signature

Date

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 your move or name change, you **MUST** update your account information **or** cancel your direct deposit **immediately**. Update your account on-line through your Claimant Portal account at labor.vermont.gov.