

**DHRM – Office of Workers’ Compensation**  
**Agency Address Change Form**

Agency Name and location: \_\_\_\_\_

Agency Number \_\_\_\_\_ Sub-Agency Number (if applicable): \_\_\_\_\_

Agency website address: \_\_\_\_\_

**OLD/CURRENT INFORMATION:**

Street Address/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**NEW INFORMATION:**

Street Address/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

If you are located in the Richmond area and receive mail through interagency mail, please be sure to include your street address so we can take advantage of that service.

If this change affects the address where checks are mailed, please contact Linda Olive of Managed Care Innovations at 804-649-2288 to coordinate.

**APPROVAL OF CHANGE REQUEST\*\*:**

_____	_____	(____) _____
Human Resource Director’s signature	Print HR Director’s name	Phone number

\* To confirm existing agency addresses, contacts, and VRS users, contact the Office of Workers' Compensation at (804) 786-0368 or [pam.goetz@dhrm.virginia.gov](mailto:pam.goetz@dhrm.virginia.gov).

Fax the completed form to DHRM - Office of Workers' Compensation: (804) 786-8840. Do not submit the request to your benefit coordinator.