

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.

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