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 Peggy Wash of MC 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) 382-2481 or pam.goetz@dhrm.virginia.gov.

Fax the completed form to Office of Workers' Compensation: (804) 786-8840 or email to pam.goetz@dhrm.virginia.gov. Do not submit the request to your benefit coordinator.