



### Change of Address Notification

Return completed form to:  
BrickStreet Insurance  
P. O. Box 3151  
Charleston, WV 25332-3151

1. Claimant's Name
2. Claim Number
3. Social Security Number
4. Date of Injury
5. Old Address (Street or P.O. Box, City, State, Zip)
6. New Address (Street or P.O. Box, City, State, Zip)
7. New County
8. New Phone Number (include area code)

9. Have you ever been, or are you currently being represented by an attorney in this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name and address of attorney.

Claimant's Signature	Date
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