Claimant Change of Address - External

QuickStart Guide

The Claimant Change of Address process allows a user from the Claimant or Claimant Attorney Role to change the Claimant's listed address on a Claim or Claims. To change the address on file, use the Update Profile process.

Claimant Change of Address › Submit Request

Use this form to change the claimant's mailing address.

Select Additional Claims for which this change of address should apply

Claim Number	Claimant Name	Date of Accident	
W403077	Zoraida Suarez	03/29/2023	☑
L400106	Zoraida Suarez	08/02/2021	☐
L400107	Zoraida Suarez	08/05/2021	☐
L400108	Zoraida Suarez	08/04/2021	☐
L400109	Zoraida Suarez	08/02/2021	☐
L400111	Zoraida Suarez	12/01/2021	☐
L400112	Zoraida Suarez	12/02/2021	☐
L400114	Zoraida Suarez	11/10/2021	☐
L400116	Zoraida Suarez	11/15/2021	☐
L400117	Zoraida Suarez	11/16/2021	☐
L400118	Zoraida Suarez	11/17/2021	☐

<< < 1 2 3 4 5 6 7 8 9 10 > >>

First Name:	Zoraida	Middle Name:		Last Name:	Suarez
Email:	zoraida.suarez@wcc.invalid.com		Address:	10 E BALTIMORE ST BALTIMORE AL 21202-1630	
Phone:					

Employer & Insurer

Employer	Insurer
AMGEN INC	A M C O INSURANCE COMPANY
A2Z WIRELESS HOLDINGS INC	SENTRY INSURANCE COMPANY

New Address

Country:	US
Address Line 1:		State:	MD
Address Line 2:		County:	Please select...
Address Line 3:		Postal Code:	
City:			

Please verify this address with USPS   **Verify Address**

Certifications and Signature

☐ I HEREBY CERTIFY that on June 7, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

☐ By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Save   **Submit**

2 *Enter the new address and use the Verify Address utility.*

📌 *If the new Address is found to be a match with the Attorney's address, the Attorney must provide written justification.*

1 *Select the Claim(s) using the checkbox controls.*