



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT
TALENT INVESTMENT AGENCY
UNEMPLOYMENT INSURANCE

ROGER CURTIS
DIRECTOR
WANDA M. STOKES
DIRECTOR

Request for Name and/or Address Change

Social Security Number: _____

Complete using black or blue ink – Do not use pencil.

CHECK APPROPRIATE BOX: Name Change Address Change

NAME CHANGE

***FOR A NAME CHANGE, SUBMIT A COPY OF LEGAL PROOF THAT DOCUMENTS THE CHANGE**

*After you filed your claim for unemployment benefits, you reported your name had changed since you last claimed benefits. Your claim has been processed under your former name. To change your name, you must provide the Unemployment Insurance Agency (UIA) with a signed statement and supporting legal documentation.

Print your new name: _____
Last First M.I.

Print your former name: _____
Last First M.I.

Reason for Change: Marriage Divorce Personal Choice
Attach a copy of the legal basis (e.g., marriage license, probate court document, etc.) for making the change.

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: _____

If you have relocated outside of Michigan, will it be for more than 4 weeks? Yes No
(If you answered "Yes," your claim will be changed to an Interstate Benefit claim.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature: _____ **Date:** _____

If you have any questions about this form, contact a Customer Service Representative at 1-866-500-0017, TTY customers call 1-866-366-0004, use your MiWAM account to get a response for your question, or visit one of our Problem Resolution Offices (PRO).

RETURN COMPLETED FORM TO: Unemployment Insurance, PO Box 169, Grand Rapids, MI 49501-0169 or FAX: 1-517-636-0427

