



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
ACTING DIRECTOR

Request for Name and/or Address Change

Social Security Number: _____

CHECK APPROPRIATE BOX:	Name Change <input type="checkbox"/>	Address Change <input type="checkbox"/>
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NAME CHANGE

FOR A NAME CHANGE, SUBMIT A COPY OF LEGAL DOCUMENTS THAT SHOW NAME CHANGE

After you filed your claim for unemployment benefits, you reported your name has changed. Your claim was 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 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.)

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information, I may be required to repay benefits, charged damages, and could be subject to criminal prosecution.

 Signature Date Telephone Number

 Print Name

Submit form by mail to: Unemployment Insurance Agency, P.O. Box 169, Grand Rapids, MI 49501-0169 or fax to 517-636-0427.

If you have questions, you may contact us through your MiWAM account or by calling 1-866-500-0017. For telephone or Local Office hours of operation, visit www.michigan.gov/ui. TTY service is available at 1-866-366-0004.

