



# COMMONWEALTH of VIRGINIA

## Virginia Employment Commission

### Request for Claimant Information Change

**All requests must be faxed to Benefit Payment Charge Unit at (804) 786-6434.**

#### ☐ Name Change:

**Important:** Request for name changes must be accompanied by a government issued ID with correct name and one of the following.

☐ Birth Certificate ☐ Marriage Certificate ☐ Divorce Decree ☐ Court Order

On the line below, **print** the claimant's name as it currently appears on the claim.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name MI

On the line below, **print** the claimant's name as it should appear on the claim.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name MI

#### ☐ Date of Birth Correction:

**Important:** Request for a date of birth correction must be accompanied by a Real ID Driver's license or two of the following.

☐ Government Issued ID ☐ Passport ☐ Birth Certificate

Correct Date of Birth: \_\_\_\_\_

#### ☐ Contact Information Change:

**Important:** Request to update contact information must be accompanied by a government issued ID.

**Please make the following change(s) to my claimant details.**

Primary Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

(print)

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_