



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF RISK MANAGEMENT**



**Jed Ross**  
Chief Risk Officer

**Public Sector Workers'  
Compensation Program**

**FORM 16 –EMPLOYEE CHANGE OF ADDRESS**

*Use this form to notify the Public Sector Workers' Compensation Program a change in your address.*

**CLAIMANT INFORMATION**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_ **Adjuster :** \_\_\_\_\_

**OLD ADDRESS**

Street Address (No P.O. Boxes) \_\_\_\_\_ APT, STE, RM (if applicable) \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**NEW ADDRESS**

Street Address (No P.O. Boxes) \_\_\_\_\_ APT, STE, RM (if applicable) \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone  No Change E-mail Address  No Change

Mobile Phone  No Change Work Phone  No Change

Please update my address information per the information above. I certify that the foregoing information is true, correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Name Signature Date

<p>Claimant <b>MUST</b> file this claim for disability by mail, e-mail, or in person with the PSWCP at the District of Columbia Office of Risk Management between the hours of 8:30 a.m. and 5:00 p.m. at:</p>	<p><b>Office of Risk Management</b> One Judiciary Square 441 Fourth Street, N.W., Suite 800 South Washington, DC 20001-2714 Phone: (202) 442-HELP (4357) Email: <a href="mailto:wcsecure@dc.gov">wcsecure@dc.gov</a></p>
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