

## encova change of address **NOTIFICATION**

Return completed form to: Encova Insurance P.O. Box 3151 Charleston, WV 25332-3151 Or fax to: 877-898-6980

|  | 1. Claimant name  |      |
|--|---|------|
|  | 2. Claim number   |      |
|  | 3. Social Security number   |      |
|  | 4. Date of injury   |      |
|  | 5. Old address (street or P.O. box, city, state, ZIP)                                       |      |
|  | 6. New address (street or P.O. box, city, state, ZIP)                                       |      |
|  | 7. New county   |      |
|  | 8. New phone number (include area code)   |      |
|  |   |      |
|  | 9. Have you ever been, or are you currently being represented by an attorney in this claim? |      |
|  | If yes, give name and address of attorney   |      |
|  |   |      |
|  |   |      |
|  | Claimant signature  | Date |