

CHANGE OF NAME, ADDRESS, OR CONTACT INFORMATION

Worker and Employer Services Division

Please use this form to advise the Workers' Compensation Board of British Columbia of a change in your name or contact information. Address or contact changes can also be provided over the phone to a Board officer. Name changes, however, will **not** be accepted without receipt of this form or other written notification. Supporting documentation is also required for name change.

You can either mail or fax this form to the WCB, or bring it in person to the Board office nearest you. Until properly notified, payments will continue to be made to you based on name and address in our records.

Your contact information

Personal access number	Claim number	If you are also receiving pension payments from us, please check here <input type="checkbox"/>
Last name <i>Mr. Mrs.</i> <i>Ms. Miss</i>		First name
Area code and daytime phone number ()	Other phone number ()	Fax number ()

Name change (complete only the parts that have changed)

Old last name <i>Mr. Mrs.</i> <i>Ms. Miss</i>	Old first name	New last name <i>Mr. Mrs.</i> <i>Ms. Miss</i>	New first name
You must provide documentation (do not send originals). Enclosed is a copy of my <input type="checkbox"/> Change of name certificate <input type="checkbox"/> Marriage certificate <input type="checkbox"/> Birth certificate <input type="checkbox"/> Citizenship card <input type="checkbox"/> Other (please specify)			

Address change (complete only the parts that have changed)

Old address	New address		
City	Postal code	City	Postal code

Phone number change (complete only the parts that have changed)

Old daytime phone number (please include area code) ()	New daytime phone number (please include area code) ()
Old other phone number ()	New other phone number ()
Old fax number ()	New fax number ()

Certification

I confirm the information on this form is correct and complete.		
Signature	Date <small>YY/MM/DD</small>	Change effective date <small>YY/MM/DD</small>

Mail this form to:

Workers' Compensation Board of BC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

or Phone/Fax to:

WCB Call Centre: 604 231-8888 or 1 888 967-5377
Fax: 604 233-9777 or 1 888 922-8807

