



REQUEST FOR NAME and/or ADDRESS CHANGE

• FOR A NAME CHANGE REQUEST, SUBMIT A COPY OF LEGAL PROOF WHICH DOCUMENTS THE CHANGE •

Check Appropriate Box: NAME CHANGE ADDRESS CHANGE

Your Name: _____
First Last Middle Initial

Social Security Number:

NAME CHANGE

Your Name: _____
First Last Middle Initial

Reason for Change: Married Divorced Personal Choice

ADDRESS CHANGE

Old Address: _____
Street Address City State Zip Code

New Address: _____
Street Address City State Zip Code

Telephone Number: (_____) _____
Area Code

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.)

I know the law provides penalties of fine and/or imprisonment and/or community service for any false statement(s). I certify that the information reported on this form is true and correct to the best of my knowledge.

Your Signature: _____ Date: _____

RETURN COMPLETED FORM TO: UIA, P.O. BOX 169, Grand Rapids, MI 49501-0169, FAX: 1-517-636-0427.

If you have any questions about this form, call our Inquiry Line at 1-866-500-0017 (TTY customers use 1-866-366-0004).

• FOR UIA USE ONLY •

DO NOT SIGN UNTIL YOU HAVE ENTERED THE UPDATED INFORMATION INTO THE SYSTEM.

User I.D.: _____ Data Entry Date: _____

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