

NOTIFICATION OF ADDRESS CHANGE

In order to ensure receipt of adjustment checks, determinations, tax statements and informational notices, you are required to notify the Division of Unemployment Insurance and/or the Division of Temporary Disability Insurance if you move within two (2) years from the date of your claim.

Use this form to send address change information **after** you stop collecting unemployment and/or temporary disability benefits. Do not use this form to report an address change while you are collecting benefits.

Social Security Number: _____
Date of Claim: _____
Name: _____
Mailing Address: _____
City: _____ State: _____
Zip Code: _____
Signature: _____ Date: _____

MAIL THIS FORM TO:

**NEW JERSEY
UNEMPLOYMENT
INSURANCE
PO BOX 908
TRENTON, NJ 08625-0908**