



## Address Verification

State Employee Injury Compensation Trust Fund/SEICTF



Full Name (As appears on your Social Security card)

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Mailing Address (Number, Street, and Apartment Number, P. O. Box)

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City, State, and Zip Code

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Social Security Number

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SEICTF Claim Number

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I certify that the above address is the address I would like all SEICTF payments, due to me, to be sent. I also certify that the name and Social Security number given above are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: Division of Risk Management  
777 S. Lawrence St.  
Montgomery, AL 36104