



ADDRESS VERIFICATION

**State Employee Injury Compensation Trust Fund
SEICTF**

Full Name (As appears on your Social Security card)

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

City, State, and Zip Code

Social Security Number

SEICTF Claim Number

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