

KENTUCKY LABOR CABINET

MATTHEW G BEVIN
GOVERNOR

DIVISION OF WORKERS COMPENSATION FUNDS 657 CHAMBERLIN AVENUE FRANKFORT, KENTUCKY 40601 DERRICK K RAMSEY
SECRETARY
WILLIAM EMRICK
ACTING COMMISSIONER
JUDITH ERICKSON
DIRECTOR

TEL 502.564.5467 FAX 502.564.5112

Dear Beneficiary:

Due to privacy concerns and identity theft being such a real threat, this office has changed the policy for any request made for changes to, or request of information from your claim to be sent to you. All requests must be in writing and notarized. Due the statutes regarding Notary use, our office will only accept the following notary style as sufficient for the change or request for information regarding your claim. Please make a copy of this form for additional use when requesting any change to your benefit account.

We are sorry for an inconvenience this may cause, but it is a precaution that must be taken and followed.

(ACCEPTABLE NOTARY FORM)

(SIGNA	ATURE OF AFFIANT)	
COMMONWEALTH OF KENTUCKY)		
COUNTY OF)	
Subscribed and sworn before me, I		, a Notary
Public, in and for the County and State abo		ly before me and furnish
to me adequate identification of proving their identity and stated that		•
did sign this document of their own free w	ill, on this the day of	, 20
(AFFIX SEAL)		
`	Notary Public	
	My Commission expires	:

