

Form SF-1 Rev. 1-1-2001	ARKANSAS WORKERS' COMPENSATION COMMISSION SPECIAL FUNDS DIVISION 324 Spring Street, P. O. Box 950, Little Rock, AR 72203-0950 501-682-5187 / 1-866-880-8444 (Toll-free)	SF-1
Authority: Ark. Code Ann. §11-9-205		

NOTICE OF CLAIMANT INFORMATION UPDATE / CHANGE OF ADDRESS

AWCC File No. _____ Claimant: _____

I have a change of (check all that apply): mailing address, residence address, telephone number(s),
 emergency contact person, to be effective on _____, 2_____.

Old Address: _____

City _____ State _____ ZIP _____

Home Tel. (AC) _____ Day/Work Tel. (AC) _____

New Address: _____

Mail address (if different) _____

City _____ State _____ ZIP _____

Home Tel. (AC) _____ Day/Work Tel.(AC) _____

Emergency Contact: Name _____ Relationship _____

Home Tel.(AC) _____ Day/Work Tel.(AC) _____

Address _____

City _____ State _____ ZIP _____

 Claimant signature

 Date

Ark. Code Ann. §11-9-106(a): "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."