

This form is to be used when a party's name or address needs updated in WCAIS.

**IMPORTANT: For the following updates, you MUST contact the Insurer/TPA handling the claim as these changes are EDI driven and will NOT be made by submission of this form.**

1. Amending Date of Injury, Claimant's Date of Birth, or Claimant's Date of Death
2. Amending addresses for the Claims Adjuster or Employer
3. Exchanging one Employer, Insurer, or TPA for another
4. Amending the Claimant's Social Security Number

Directions: For a WCOA matter, upload the form as a Miscellaneous Request on the Requests tab of the Dispute Summary. For a WCAB matter, upload the form as Document Sub-Category "Appeal" or "Petition" as appropriate, and then select "Interested Party Update Request" from the Document Type dropdown on the Documents and Correspondence tab of the Appeal or Petition matter.

**Enter the correct information exactly as it should appear in WCAIS:**

*WCAIS Claim/DSP/A #: _____	<input type="checkbox"/> Check if changes pertain to indicated matter ONLY
*This change request is for:	Insurer/TPA <input type="checkbox"/> *FEIN: _____
	Healthcare Professional/Provider <input type="checkbox"/> *NPI: _____
	Claimant <input type="checkbox"/> *SSN: _____
*Name: _____	
*Address: _____	
	Street Address City State ZIP
E-mail: _____	

**If you are submitting this form on behalf of another party, provide YOUR information:**

*Name: _____
*Address: _____
*Relationship to Party: _____

\*indicates a required field