



# CLAIMANT REQUEST FOR NOTICE BY MAIL

State Form 56627 (R2 / 4-23)

Indiana Department of Workforce Development  
10 N. Senate Ave.  
Indianapolis, IN 46204-2277

Confidential record pursuant  
to IC 4-1-16, IC 22-4-19-6

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

*INSTRUCTIONS: DWD routinely delivers notices to claimants via e-mail. Claimants are entitled to receive notices by US Mail once they have informed the Agency that they are requesting notice by US Mail. This form should be completed, signed, and returned to the Agency to document the claimant's request. Once the request has been processed, you will receive notices by US Mail. Please note that you are still required to file new claims and weekly vouchers online via DWD Uplink filing system.*

## SECTION ONE – IDENTIFICATION OF THE CLAIMANT

What is the claimant's name as registered with DWD?

What is the claimant's identification number or Social Security Number? \*

## SECTION TWO – MAILING ADDRESS OF THE CLAIMANT

Street Address

City

State

ZIP Code

***It is your responsibility to provide the correct mailing address.***

## SECTION THREE – REASON FOR ELECTION (CHECK ALL THAT APPLY.)

Disability

Limited English proficiency

Other

If Other, please explain: \_\_\_\_\_

## SECTION FOUR – AUTHORIZATION

*This form cannot be processed without a valid signature.*

First Name

Last Name

Telephone

E-mail address \_\_\_\_\_

**IMPORTANT:** In signing this form, I attest that the information provided is true and accurate. I further attest that it is my sole responsibility to update my legal mailing address as needed once this request has been processed. *I understand that this request only applies to notices and that I am still required to file new claims and weekly vouchers online via DWD's Uplink filing system.*

Claimant's Signature: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return completed forms to:

DWD – Claimant Notice Requests  
10 N. Senate Ave.  
Indianapolis, IN 46204-2277

Fax: 317-233-5499

Questions: 800-891-6499 (1)

Handbook: [www.in.gov/dwd](http://www.in.gov/dwd)