



Date (full date, example: April 22, 2016)

Claimant Name (window envelope) Address 1 Address 2 City ST Zip

Claimant ID:

[Claimant Name]:

Our records show that multiple recent changes were made to your profile. See below the list of changes:

- [mailing address]
- [payment method]
- [tax withholding]
- [contact information]
- [personal information]

[If address change was out of state include this content]. If you are no longer a resident of the state of North Carolina, you are required to register for work in your state of residence within 5 (five) days.

If these changes were not authorized by you, please contact the Division of Employment Security, Customer Call Center at 1.888.737.0259.

No action is required if you authorized these changes.