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Make your check payable to:
NYS EMPLOYEES' HEALTH INSURANCE PENDING ACCOUNT

Please Include Your Agency Code on Your Payment

State of New York
Department of Civil Service
Employee Benefits Division
PO Box 645481
Cincinnati, OH 45264-5481

Statement Number: 554
Statement date: 07/06/2020
Agency Code: [REDACTED]
Amount Due: \$ 7,106.76
Due Date: 7/26/2020



Amount Paid:

DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

-RETAIN THE BOTTOM PORTION FOR YOUR RECORDS-

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Instructions:

1. Pay the "Amount Due". Please use only this month's form for this month's payment.
2. Make check payable to: **NYS EMPLOYEES' HEALTH INSURANCE PENDING ACCOUNT.**
3. Please include your **Agency Code** on your payment.
4. Send only the **TOP PORTION** of this **PAGE** with your check to the above address.