



# NEW YORK STATE AGENCY SPECIAL OPTION TRANSFER RATE CHANGE LETTERS AND FORMS

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**Agency Shipping Address:**

Your Name \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Office Name or Room Number \_\_\_\_\_  
 Street and No (Not PO Box) \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_  
 Agency Code Number \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**MAIL OR FAX TO:**  
**Employee Benefits Division**  
**New York State Department of Civil Service**  
**Albany, NY 12239**  
**Fax No. (518) 485-5590**

**TITLE OR CODE****QUANTITY****2007 Rates**

Actives 2007 - I	Actives with Rate Increase – Enrollee Letter and Rate Chart	
Actives 2007 - D	Actives with Rate Decrease – Enrollee Letter and Rate Chart	
Retirees 2007 - I	Retirees with Rate Increase – Enrollee Letter and Rate Chart	
Retirees 2007 - D	Retirees with Rate Decrease – Enrollee Letter and Rate Chart	
Full Share COBRA	Full Share & COBRA Enrollees – Enrollee Letter and Rate Chart	
Leave 2007 - I	Actives in Leave Status with Rate Increase – Enrollee Letter and Rate Chart	
Leave 2007 - D	Actives in Leave Status with Rate Decrease – Enrollee Letter and Rate Chart	

**Option Transfer Form**

Actives	Actives – Option Transfer Form (Lemon)	
Actives in Leave	Actives in Leave Status – Option Transfer Form (Green)	

**HMO Enrollment Form**

Actives	Actives - HMO Enrollment Form (Lime)	
Actives in Leave	Actives in Leave Status - HMO Enrollment Form (Blue)	

