



**NEW YORK STATE AGENCY
SPECIAL OPTION TRANSFER
RATE CHANGE LETTERS AND FORMS**
Page 1 of 1

Agency Shipping Address: _____ Date _____
 Your Name _____ Agency Code Number _____
 Agency Name _____ Phone Number () _____
 Office Name or Room Number _____ Fax Number () _____
 Street and No (Not PO Box) _____ E-mail Address _____
 City _____
 State _____ Zip _____

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)	

