



State of New York
Department of Civil Service
Alfred E. Smith State Office Bldg.
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION
Agency Contact Information Form

*Please complete this form in its entirety to ensure your agency receives
important information related to your NYSHIP participation.*

General Agency Information

Agency Code: _____ Agency Name: _____

Address: _____

Phone (with extension): _____ Fax: _____

General E-mail: _____

Chief Executive Officer (CEO) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Chief Financial Officer (CFO) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Health Benefits Administrator (HBA) Information (or the individual who works in a similar capacity)

Name: _____ Title: _____

Phone (with extension): _____ Fax: _____

E-mail: _____

Please return this completed form no later than **July 12, 2010** to:

NYS Department of Civil Service
Employee Benefits Division
Public Employer Liaison Unit – Rm. 641
Alfred E. Smith State Office Building
Albany, NY 12239

You may e-mail your completed form to: nyship@cs.state.ny.us

You may also fax your completed form to: (518) 402-2835