## Instructions to Update an Address in NYBEAS

When making a change to an enrollee's address, it must be done within Benefits > Transactions > Personal/Employment as shown below.

Menu 🗖		
Transactions	New Window I 🚇	~
▷ Employee Life	I neep	
DOOP		
PEP		
▷ Survivor Employment Information		
- Young Adult Enrollment SAMPLE SALLY Employ TRANS001		
- Benefit Plan Change SAMIFLE, SALL 1 Emplo. Hoursdoor		
- Benefit Program Change Medical Benefit Plan		
- Billing Option Change		
- Cancel Enrollment Benefit Plan 001 Description The Empire Plan		
- Change Coverage		
- <u>Comments</u>		
- Contribution Rate		
Change Current Addresses Customize   Find   View All   🗰 🖳 🕑 Last		
- Corrections Requests Address Acting Address Address		
- Unsettled Grp AS OF Date Status Address Detail		
Contribution Chg 1 SOLITH SWAN STREET		
- Dependent Add Home All BANY NY 12239 Add Address		
- Dependent/Beneficiary Al BANY Detail		
- Dependent Delete		
- Enroll/Warve Benetits		
- <u>Federal Qualification</u> 01-Home V 518/884-8888		
Change		
- Married-Marriage		
Leguality Act *Email Type *Email Address Preferred		
- National Medical Support		
Order		
Order Save Q Return to Search C Previous tab Next tab	Correct History	
Order - Payment Method Change - Referent M	Correct History	
Order         - Payment Method Change         - PE First Eligibility Dates         Name / Id         Address/Phone   Personal Details	Correct History	
Order       Previous tab       Imployment         - Personal / Employment       Address/Phone   Personal Details	Correct History	~

In order to change an address, click on the Add Address Detail Link on the Address page.

<ul> <li>Young Adult Enrollment</li> <li>Benefit Plan Change</li> </ul>	SAMPLE	SALLY				EmplID:	TRAIN0	801
- Benefit Program Change	Medical Bene	fit Plan						
- Cancel Enrollment	Benefit Plan	001	De	scription 7	he Empire Plan			
<ul> <li><u>Change Coverage</u></li> <li><u>Comments</u></li> </ul>	Plan Type	10 T	erminat	ion Date				
<ul> <li>Contribution Rate</li> </ul>								
Change	Current Addr	esses			Customize I	Find I View All	1 🖩	Last
- <u>Corrections Requests</u> - <u>Unsettled Grp</u>	Address Type	As Of Date	<u>Status</u>	Address		Add A Detai	Address	
<ul> <li><u>Dependent Add</u></li> <li><u>Dependent/Beneficiary</u></li> <li>Dependent Delete</li> </ul>	Home			1 SOUTH : ALBANY, N ALBANY	SWAN STREET IY 12239	Add A Detai	<u>\ddress</u> I	+ -
- Empire Card Request/History	Phone Inform	ation			Customize   Fir	nd j 📕 🛛 Fir	rst 🖪 1 of	1 🕑 Last

Click the Plus icon to enter the new address.

<ul> <li>▷ Employee Life</li> <li>▷ OOP</li> <li>▷ PEP</li> <li>▷ Survivor</li> <li><u>Young Adult Enrollment</u></li> <li><u>Benefit Plan Change</u></li> </ul>	Address History Address Type: Home		
<ul> <li>Benefit Program Change</li> </ul>	Address History	Find	First 🛃 1-2 of 2 🕩 Last
<ul> <li>Billing Option Change</li> <li>Cancel Enrollment</li> <li>Change Coverage</li> <li>Comments</li> <li>Contribution Rate</li> <li>Change</li> <li>Corrections Requests</li> </ul>	*Effective Date Country Status Address: 01/01/2014 DI USA A I SOUTH SWAN STREET ALBANY, NY 12239 ALBANY		+ -
- <u>Unsettled Grp</u> <u>Contribution Chq</u> - <u>Dependent Add</u> - <u>Dependent/Beneficiary</u> - <u>Dependent Delete</u>	*Effective Date 12/26/2013 BUSA A PO BOX 21 ALBANY, NY 12239 ALBANY		<b>H -</b>
<ul> <li><u>Empire Card</u></li> <li><u>Request/History</u></li> <li><u>Enroll/Waive Benefits</u></li> <li><u>Federal Qualification</u></li> </ul>	OK Cancel		

Enter the effective date of the new address and click Add Address.

▷ OOP ▷ PEP	Address History	
<ul> <li>Survivor</li> <li>Young Adult Enrollment</li> <li>Benefit Plan Change</li> </ul>	Address Type: Home	
– Benefit Program Change	Address History	Find First 🕙 1-3 of 3 🕩 Last
Billing Option Change     Cancel Enrollment     Change Coverage     Comments     Contribution Rate     Change     Contractions Requests	*Effective Date Country Status Address: 02/11/2014 1 USA Q A I SOUTH SWAN STREET ALBANY, NY 12239 ALBANY	Add Address
<u>- Unsettions Requests</u> <u>- Unsettions Requests</u> <u>- Unsettient Requests</u> <u>- Dependent Add</u> <u>- Dependent Management</u> <u>- Empire Card</u> <u>Request/History</u>	*Effective Date 01/01/2014 🕅 USA Q A 1 SOUTH SWAN STREET ALBANY, NY 12239 ALBANY	+ -

Input the new address using CAPITAL letters on address line 1.

Menu 🗖			
- Benefit Plan Change	^	New Window	Ē.
- Benefit Program Change		·	cop
- Billing Option Change	Edit Address		
<ul> <li><u>Cancel Enrollment</u></li> </ul>			
- Change Coverage	Country:	United States	
- Comments			
<ul> <li>Contribution Rate</li> </ul>	Postal:	12239 Q	
Change			
<ul> <li>Corrections Requests</li> </ul>	Address 1:	D EAGLE STREET	
- Unsettled Grp			
Contribution Chg	Address 2:		
<ul> <li>Dependent Add</li> </ul>	Country	AL RANY	
<ul> <li>Dependent/Beneficiary</li> </ul>	County:		
<ul> <li>Dependent Delete</li> </ul>	Citu	AL BANY State: NY Q New York	
<ul> <li>Empire Card</li> </ul>	City.	State	
Request/History		mad .	
<ul> <li>Enroll/Waive Benefits</li> </ul>			

If the address includes a "Care Of", include C/O and the person's name on address line 1. The street address must be on address line 2.

Menu				
<ul> <li>Benefit Plan Change</li> </ul>	<u></u>			New Window
<ul> <li>Benefit Program Chan</li> </ul>	qe			
<ul> <li>Billing Option Change</li> </ul>		Edit Address	5	
<ul> <li><u>Cancel Enrollment</u></li> </ul>			-	
- Change Coverage		Country	Lipited States	
- Comments		country.		
- Contribution Rate		Postal:	12239	
Change				
<ul> <li>Corrections Requests</li> </ul>		Address 1:		
- Unsettled Grp				
Contribution Chg		Address 2:	SEAGLE STREET	
<ul> <li>Dependent Add</li> </ul>			AL BANK	
- Dependent/Beneficiary		County:	ALDAINT	
- Dependent Delete		Citur	ALBANY State: NY Q New York	
- Empire Card		City:	State,	
Request/History	_			
- Enroll/Waive Benefits	=			
- Federal Qualification				

If the address includes an apartment number, APT and the number must be inputted on Address line 1. The street address must be on Address line 2. Click OK when it is completed.

- Change Coverage		Country:	United States		
- Contribution Rate		Postal:	12239 🔍		
Change - Corrections Requests		Address 1:	APT 13 🗲	_	
<ul> <li><u>Unsettled Grp</u></li> <li><u>Contribution Chq</u></li> </ul>		Address 2:	5 EAGLE STREET		
– <u>Dependent Add</u> – <u>Dependent/Beneficiary</u>		County:	ALBANY		
<ul> <li><u>Dependent Delete</u></li> <li>Empire Card</li> </ul>		City:	ALBANY	State: NY	New York
Request/History – Enroll/Waive Benefits	≡	OK Ca	incel		
<ul> <li>Federal Qualification</li> <li>Change</li> </ul>					
- Letter Notification					

Click Save in order to save the changes made within Personal/Employment. The most recent address will be reflected under NYBEAS Update History.



## Instructions to Add a Street Address to a Member who has a PO Box

If an enrollee uses a PO Box as their mailing address, the enrollee's physical address must also be on file in order to enroll properly into Empire Plan Medicare Rx. Click the plus icon under the Current Addresses bar located next to the Edit/View Address Detail Link.

⊳ OOP ⊳ PEP	Name / Id	Address/Phone	Personal Details		
▷ Survivor	Employment I				
<ul> <li>Young Adult Enrollment</li> <li>Benefit Plan Change</li> </ul>	SAMPLE,	SALLY		EmpIID: TRAINO	0801
<ul> <li>Benefit Program Change</li> <li>Billing Option Change</li> </ul>	Medical Benet	fit Plan			
- Cancel Enrollment	Benefit Plan	001 D	escription The Empire Plan		
<ul> <li><u>Change Coverage</u></li> <li><u>Comments</u></li> </ul>	Plan Type	10 Termina	tion Date		
- Contribution Rate					
Change	Current Addre	sses	Customize	Find   View All   🏭	🗹 🕨 Last
Corrections Requests     Unsettled Grp     Contribution Obs	Address Type	As Of Date Status	Address	Edit/View Address Deta	<u>11</u>
<ul> <li><u>Dependent Add</u></li> <li><u>Dependent/Beneficiary</u></li> <li><u>Dependent/Beneficiary</u></li> </ul>	Home	12/26/2013 A	PO BOX 21 ALBANY, NY 12239 ALBANY	<u>Edit∕View</u> Address Detai	. + -
- Empire Card Request/History	Phone Information	ation	<u>Customize   Fi</u>	nd   📜 🛛 First 🗹 1 o	f1 🕑 Last

Change the Address Type to Permanent.

- Benefit Program Change	Medical Ben	efit Plan					
- Billing Option Change							
- Cancel Enrollment	Benefit Pla	1 001	De	scription The Emp	pire Plan		
- Change Coverage		_					
- Comments	Plan Type	€10 T	erminat	ion Date			
- Contribution Rate							
Change	Current Add	esses			Customize   Find   V	iew All I 🛄 🛛 🖸	I 🕑 Last
- Corrections Requests	Address				ouotomico [ mia ] +	EditView	2000
- Unsettled Grp	Typo	As Of Date	<u>Status</u>	Address		Addrose Dotail	
Contribution Cha	Type					Address Detail	
- Dependent Add				PO BOX 21		Edit//iew	
- Dependent/Beneficiary	Home	12/26/2013	A	ALBANY, NY 1223	9	Address Detail	+ -
- Dependent Delete				ALBANY		<u>Address Detail</u>	
- Empire Card	11	1 /	at 1			Add Address	
Request/History	Home 🗠					Detail	+ -
- Enroll/Waive Benefits	Home						
- Eederal Qualification	Permanent	ation		0	ustomizo I Find I	Eiret 🗐 a - 4 a	▶ Last
Change		Auton		<u> </u>		Flist 🗠 1 of 1	
Unange Letter Netification	*Phone Type			lelephone			

Click on Add Address Detail.



Enter the country where the enrollee lives in and click Add Address.

Menu 🗖			. 5
	^		New Window
Employee Life			
D OOP		Address History	
▷ PEP		Address History	
Survivor	-	Address Trans. Democrat	
<ul> <li>Young Adult Enrollment</li> </ul>		Address Type: Permanent	
- Benefit Plan Change			
<ul> <li>Benefit Program Change</li> </ul>		Address History Find First 4 1 of 1 Delast	
<ul> <li>Billing Option Change</li> </ul>			
- Cancel Enrollment		*Effective Date Country Status Address:	
- Change Coverage		02/11/2014 🕺 USA 🔍 🛕	
- Comments			
<ul> <li>Contribution Rate</li> </ul>			
Change			
<ul> <li>Corrections Requests</li> </ul>		OK Cancel	
<ul> <li>Unsettled Grp</li> </ul>			
Contribution Cha			

\_\_\_\_\_\_ 1 map

Enter the enrollee's physical address as indicated above and click OK.

<ul> <li>▷ Employee Life</li> <li>▷ OOP</li> <li>▷ PEP</li> </ul>	Edit Address	
Survivor – Young Adult Enrollment	Country:	United States
- Benefit Plan Change	Postal:	12239
- Billing Option Change	Address 1:	5 EAGLE STREET
- Cancel Enrollment		
- Comments	Address 2:	
- Contribution Rate	County:	ALBANY
Change - Corrections Requests	City:	ALBANY State: NY Q New York
- Unsettled Grp Contribution Cha	OK Car	ncel

Note that both the home and permanent address will appear. Click Save in order to save the changes made within Personal/Employment.

- <u>Conange Coverage</u> - <u>Comments</u>	Address Type	As Of Date	<u>Status</u>	Address	Edit/View Address Detail			
- <u>Contribution Rate</u> Change - <u>Corrections Requests</u> - Uncetted Crp	Home	12/26/2013	A	PO BOX 21 ALBANY, NY 12239 ALBANY	<u>Edit/View</u> Address Detail	<b>+</b> -		
<u>Contribution Chq</u> <u>Dependent Add</u> <u>Dependent/Beneficiary</u>	Permanent	02/11/2014	A	5 EAGLE STREET ALBANY, NY 12239 ALBANY	<u>Edit/View</u> Address Detail	+ -		
- Dependent Delete - Empire Card Request/History	Phone Inform	nation		Customize   Find	First 🛃 1 of 1	▶ Last		
- Enroll/Waive Benefits - Federal Qualification Change	01-Home	~		518/884-8888	÷			
- Letter Notification - Married-Marriage Equality Act	Email Addres *Email Type	ses	*Email /	<u>Customize   Find  </u>	First 1 of 1	Last		
- <u>Medicare Change</u> - <u>MRX Exception</u> - <u>National Medical Support</u>		~				+ -		
– Payment Method Change – PE First Eligibility Dates N	ame / Id   Addr	ess/Phone   [	ersona	I Details			2 Include History	Correct History

When a PO Box is also listed for a dependent becoming Medicare eligible, the dependent's record should also have a physical (Permanent) address on file. In order to add the physical address, the update must occur in Benefits > Transactions > Dependent/Beneficiary.

On the Address Page, click the plus icon to add the physical address.

▷ Employee Life ▷ OOP ▷ PEP	Name Address Personal Profile
▷ Survivor	
- Young Adult Enrollment	
- Benefit Plan Change	Dependent/Beneficiaries Find   View All First 3 of 3 P Last
- Benefit Program Change	+ -
- Billing Option Change	Dependent/Beneficiary ID: 04 Name: SAMPLE, SAMUEL
- Cancel Enrollment	
- Change Coverage	Address History Find I View All First I det Elest
- Comments	
- Contribution Rate	*Effective Date: 02/01/2014
- Corrections Requests	
- Unsettled Crp	Same Address as Employee Address Type: Home
Contribution Chg	Employee's Current Address
- Dependent Add	Country: USA United States
- Dependent/Beneficiary	
- Dependent Delete	Address: PO BOX 21
- Empire Card	ALBANY, NY 12239
Request/History	ALBANY
- Enroll/Waive Benefits	
- Federal Qualification	
Change	
- Letter Notification	
- <u>married-marriage</u>	
- Modicara Change	

If the physical address was already updated for the enrollee within Personal/Employment and the dependent has the same physical address, using the drop down box, change the Address Type to Permanent.

▷ OOP ▷ PEP	Name Address Personal Profile
Survivor	
<ul> <li>Young Adult Enrollment</li> </ul>	SAMPLE,SALLY EmpID: TRAIN0801
<ul> <li>Benefit Plan Change</li> </ul>	Dependent/Beneficiaries Eind LView All Einst M 1 of 2 D Last
<ul> <li>Benefit Program Change</li> </ul>	
<ul> <li>Billing Option Change</li> </ul>	Presentent/Presentations/Process Presentations
<ul> <li><u>Cancel Enrollment</u></li> </ul>	Dependent/Denenticiary ID: 02 Name: Tully, Tully
- Change Coverage	
- <u>Comments</u>	Address History Find   View All First 🕙 1 of 2 💟 Last
- Contribution Rate Change	
- Corrections Requests	*Effective Date: 06/05/2014 19
- Unsettled Grp Contribution	
- Dopondont Add	✓ Same Address as Employee Address Type: Home ▼
- Dependent/Repeticion	Employee's Current Address
- Dependent Delete	Home
- Empire Card	Country: USA United States Permanent
Request/History	Address: PO BOX 21
- Enroll/Waive Benefits	All BANY NY 12239
- Federal Qualification	ALBANY
Change	
- Letter Notification	
<ul> <li>Married-Marriage Equality</li> </ul>	
Act	
- Medicare Change	
- National Medical Support	
- Baymont Mathed Change	
- PE First Eligibility Dates	Same Phone as Employee Phone Type 01-Home T

Click Save in order to save the changes made within Dependent/Beneficiary.

Employee Life     OOP	Dependent/Beneficiary ID: 02 Name: Tully, Tully	* =
▶ PEP		
Survivor     Voung Adult Enrollment	Address History Find   View All First 🖆 1 of 2 🍱 Last	
Benefit Plan Change     Benefit Program Change	*Effective Date: 06/05/2014 3	
- Billing Option Change	Same Address as Employee Address Type. Permanent	
- Cancel Enrollment	Employed Current Address	
- Change Coverage		
- Comments	Country: USA United States	
<ul> <li>Contribution Rate Change</li> </ul>		
- Corrections Requests	Address: 5 EAGLE STREET AI BANV NV 12230	
- Unsettled Grp Contribution	ALBANY	
- Dependent Add		
- Dependent/Repofician/		
= Dependent Delete		
- Empire Card		
Request/History		
- Enroll/Waive Benefits		
<ul> <li>Federal Qualification</li> </ul>		
Change	Same Phone as Employee Phone Type:	
- Letter Notification	Employee's Phone	
- Marned-Marnage Equality		
- Medicare Change	Phone: 518/884-8888	
- National Medical Support		
Order		
<ul> <li>Payment Method Change</li> </ul>	Save AReturn to Search Previous tab Next tab	Display Z Include History
<ul> <li>PE First Eligibility Dates</li> </ul>		
- Personal / Employment	ame   Address   <u>Personal Profile</u>	
- Preterred Payment		
Unange		