



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

<DATE>

<EE NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP CODE>

Re: <EMPIRE PLAN ID#>

Dear <EE NAME>:

The New York State Health Insurance Program (NYSHIP) was recently notified by the Centers for Medicare and Medicaid Services (CMS) that there is a discrepancy in your name.

The NYSHIP enrollment record lists your name as <NAME> and the CMS record lists your name as <NAME>. If the name on your NYSHIP record is incorrect, please submit a photocopy of your driver's license or other proof of your name (please do not send original documents) to HBA NAME, Health Benefits Administrator at the AGENCY.

If the name on your CMS record is incorrect, please contact the Social Security Administration to update your name in their records. They can be reached at 1-800-772-1213.

Should you have any questions, please contact the Employee Benefits Division at 1-800-833-4344, Monday through Friday from 9:00 a.m. to 4:00 p.m. or refer to information on our website, www.cs.ny.gov.

Sincerely,

<AGENT NAME>
Program Administration Unit
Employee Benefits Division