

Model Letter for Contacting the Employee Benefits Division

Mail to:

State of New York Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, New York 12239

(Please print)

Date _____

Enrollee Health Insurance Identification Number
(Social Security number and/or Empire Plan identification number) _____

Name of Enrollee _____

Street _____

City _____ State _____ Zip _____

This is a new address.
Please complete Form PS-850 (see page 13).

Telephone: Day _____
(area code)
Night _____
(area code)

I am writing because:

Effective date of change _____

Signature _____

Name (please print) _____

I am enclosing a photocopy of my (or my dependent's) Medicare card (if applicable).