

Model Letter for Contacting the Employee Benefits Division

Social Security Number XXX-XX- _____ Date of Birth _____
MM/DD/YYYY

Name of Enrollee _____
Last Name First Name Middle Initial

Permanent Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

This is a new address. Please complete and return [Form PS-850](#) along with this letter.

Telephone Home _____ Cell _____
(Area code) (Area code)

Personal Email _____

I am writing because:

Effective date requested for change _____

Signature _____ Date _____

Dependent name* _____
Last Name First Name Middle Initial

Dependent Social Security Number XXX-XX- _____

Medicare Number (from Medicare card) _____

- I am enclosing a photocopy of my (or my dependent's) required documentation, including Medicare card (if applicable).
- I have no Medicare-eligible dependents.

* Attach an additional sheet if necessary.

Model Letter Submission

Mail to:

NYS Department of Civil Service
Employee Benefits Division
Empire State Plaza, Core Bldg 1
Albany, NY 12239

or

Fax to:

(518) 485-5590