

# NYSHIP Video Order Form for Retirees of Participating Agencies with The Empire Plan and Participating Agencies with The Excelsior Plan.



Mail or fax this form to:  
EBD Communications, New York State Department of Civil Service  
Alfred E. Smith State Office Building, Albany, NY 12239  
Fax: 518-402-4697

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## MAILING ADDRESS

Date \_\_\_\_\_

**Please fill out completely and clearly.**

Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address (No PO Box Permitted) \_\_\_\_\_

\_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You can find this form online at [www.cs.state.ny.us/ebdonline](http://www.cs.state.ny.us/ebdonline). Click Publications and Forms, then select video special order forms. Please allow 10 days for delivery.

## Medicare & NYSHIP (PA) video

VHS format

DVD format

Medicare & NYSHIP (PA) companion booklet