Participating Employer Publications Supply Request

Mail or fax this form to:
Employee Benefits Division, New York State Department of Civil Service
Alfred E. Smith State Office Building, Albany, NY 12239
Fax: 315-272-2444

AGENCY SHIPPING ADDRESS
Please fill out completely and clearly.

Date_____

Agency Code Number _____

Your Name _____ Phone Number_____

Agency Name _____

Office Name or Room Number _____ Fax Number _____

Street Address (No PO Box Permitted) _____

_____

City _____ State_____ Zip_____

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

Medicare & NYSHIP (NY/PE) video for group or individual use

VHS format (AL0795) _____

DVD format (AL0796) _____

Medicare & NYSHIP (NY/PE) booklet (AL0869) _____