



**Department of
Civil Service**

EMPLOYEE BENEFITS DIVISION

NYSHIP Change of Address

PS-850 (6/2020L)

Your Health Insurance Information is important.

You may not receive information regarding your benefits if your address is not kept current on the New York State Health Insurance Program (NYSHIP) enrollment records.

Please complete the information below and return it to the Employee Benefits Division (EBD). If you have any questions, you may contact the Employee Benefits Division at 1-800-833-4344

Note: Your enrollment record cannot be updated without your signature.

**NYS Department of Civil Service
Employee Benefits Division
Program Administration Unit
Empire State Plaza, Core Building 1
Albany, NY 12239**

Last Name	First Name	MI
Last four digits of SSN X X X - X X - _ _ _ _	Telephone Number ()	Effective Date of Change

ADDRESS INFORMATION			
Previous Address: <input type="checkbox"/> Residential Address <input type="checkbox"/> Mailing Address			
Street Address	City	State	Zip Code
New Residential Address:			
Street Address	City	State	Zip Code
New Mailing Address: <input type="checkbox"/> Same as Residential Address			
Street Address	City	State	Zip Code

Personal Privacy Protection Law Notification – The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

Power of Attorney/Guardianship – If you are acting on behalf of an enrollee, legal documentation granting you personal representative authority must be on file with our office before any benefit changes, including mailing address, can be processed.
 ENCLOSED ALREADY ON FILE WITH EBD

Signature:	Date:
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FOR OFFICE USE ONLY		
	DATE	INITIALS