
Sample Letter To the New York State Health Insurance Program

Mail to:
State of New York
Department of Civil Service
Employee Benefits Division
The State Campus
Albany, New York 12239

Attn (Choose One):
Retiree Unit
Vestee Unit
Dependent Survivor Unit
COBRA Unit
Preferred List Unit

(Please print)

Date _____

Enrollee Health Insurance Identification Number (usually the Social Security number) _____

Name of Enrollee _____

Street _____

City _____

State _____ ZIP _____

This is a new address

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)