



CHANGE OF ADDRESS

To report a change of address, you will need to:

1. Complete the bottom portion of this form, keep the pink copy for your records, and return the original and yellow copy to the Office of Human Resources. Completion of this form will change your address for payroll, personnel and health insurance only.
2. For dental/vision call or write the appropriate Employee Benefit Fund to change your records:

<u>CSEA Employees</u>	1-800-323-2732, press 3	CSEA Employee Benefit Fund PO Box 516 Latham, N.Y. 12110-0516
	and	
	1-800-342-4146	CSEA Union Membership Dept.
<u>UUP Employees</u>	1-800-887-3863	UUP Benefit Trust Fund PO Box 15143 Albany, N.Y. 12212-5143
<u>ALES Employees</u>	Completion of this form is sufficient.	
<u>PEF Employees</u>	Completion of this form is sufficient.	
<u>M/C Employees</u>	Completion of this form is sufficient.	
3. Retirement Systems:

NYS TRS:	Address Change forms are available in the Office of Human Resources.
NYS ERS:	Change of Address Form RS 5512 must be completed. Forms available in the Office of Human Resources.
TIAA/CREF:	1-800-842-2776

AUTHORITY TO SOLICIT THE SOCIAL SECURITY NUMBER HAS BEEN ESTABLISHED UNDER SECTION 354 OF THE EDUCATION LAW OF THE STATE OF NEW YORK

Employee Name (Please Print): _____

Social Security Number (last 4 digits only): _____ Telephone Number: _____

Mailing Address (includes PO Box): _____

City: _____ State/Provence: _____ Zip Code: _____

County: _____

Permanent Home Address: _____

City/Town: _____ State/Provence: _____ Zip Code: _____

County: _____

Employee Signature: _____ Date: _____

Internal Use Only:

PAYSERV:	SUNY HR:	NYSTEP:	NYBEAS:	HRPP:	BANNER:
Date:	Date:	Date:	Date:	Date:	Date:

Original – Payroll

Yellow Copy – Human Resources

Pink Copy – Employee