



CHANGE OF ADDRESS FORM

To report a change of address you will need to:

- 1. Complete the bottom portion of this form and return to the Human Resources Office. Completion of this form will change your address for personnel, health insurance and payroll only.
2. For dental/vision call or email the appropriate Employee Benefit Fund to change your records:
CSEA - Please contact the CSEA Employee Benefit Fund at (800-323-2732) and CSEA Membership Dept. at (800-342-4146)
UUP - Change of address form can be found at: http://uupinfo.org/benefits/forms/ChangeAddressForm14.pdf
ALES Employees Completion of this form is sufficient
M/C Employees Completion of this form is sufficient
PEF Employees Completion of this form is sufficient
Research Foundation Employees Completion of this form is sufficient
3. Retirement Systems:
ERS - Change of address form can be found at: http://www.osc.state.ny.us/retire/forms/rs5512.pdf
TRS - Change of address form can be found at: http://www.nystrs.org/main/forms/gre50.pdf
TIAA-CREF - Please contact TIAA-CREF at 800-842-2252

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/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 6 columns: PAYSERVE, SUNY HR, NYSTEP, NYBEAS, DATABASE, BANNER. Each column has a Date field below it.

Internal Use Only:

Original - Human Resources