

**NEW YORK STATE HEALTH INSURANCE PROGRAM
(NYSHIP)**

Change of Home Address Form

Name (Please Print): _____ NYSHIP Card #: _____
(Last, First)

College: _____ Appointment Date: _____

NEW HOME ADDRESS:

Number and Street _____ Apt. Number _____

City _____ State _____ Zip Code _____

Daytime Telephone Number: (____) _____

OLD HOME ADDRESS:

Number and Street _____ Apt. Number _____

City _____ State _____ Zip Code _____

If you are a student at the CUNY Graduate Center, you may email the form to Scott Voorhees at healthinsuranceinfo@gc.cuny.edu or fax it to 212-817-1621. Mr. Voorhees may be reached by telephone at 212-817-7406.

If you are an Engineering Ph.D. Student at City College, you may email the form to Kim Ferguson at kferguson@ccny.cuny.edu or fax it to 212-650-7504. Ms. Ferguson may be reached by telephone at 212-650-7963.