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.