

**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 _____

**NOTE: Please return this form to Rosa Lopez at the University Benefits Office
either via scan & email at Rosa.Lopez@mail.cuny.edu or fax to 212.794.5587**