

Human Resources, BSC Records Management Building 5, Floor 4 W. Averell Harriman State Office Campus 1220 Washington Avenue Albany, NY 12226-1900 Email: <u>BSCHRForms@ogs.ny.gov</u> Website: <u>bsc.ogs.ny.gov</u> Phone: 518-457-4272 | Fax: 518-457-1879

## Personal Data Change Form

Instructions: Submit your completed, hand-signed form along with documentation for processing to the BSC Records Management team at BSCHRForms@ogs.ny.gov, or by fax to 518-457-1879, or by regular mail using the address above.

The changes requested on this form apply to the following: (check all that apply)			Name	e Char	nge	Address Change	Email Chang	ge Phone Change	
EMPLOYEE									
Last Name	First Name		м	Δ	Agency			Last 4 of SS# or Full NYS Empl ID	
NAME CHANGE	l								
<b>Documentation:</b> This is only required for a name change. Please check the box or boxes below to indicate the documentation you are submitting with this form. You must submit a copy of <u>one</u> type of documentation or your request cannot be processed.									
Social Security Card Va	lid Driver's License	Pass	port	Ma	arriage Cer	rtificate* Divorce	e Decree*	Court Order	
*If you are changing your name due to marriage or divorce, and you would like to add or remove a spouse or dependent from your health insurance plan, you must complete and submit a <u>Health Insurance Transaction Form</u> (PS-404).									
Former Last Name			Former First Name					MI	
New Last Name			New First Name					МІ	
ADDRESS CHANGE * For address changes involving NYC/Yonkers residency, please see second page									
Former Address (include state, zip code and county)									
New Resident Address (Please provide residence address - a P.O. Box is not acc							Apt	Apt. #	
City		State				Zip Code Cour		unty	
Mailing Address (If different from above - a P.O. Box may be used.) Apt. #								:. #	
City		State				Zip Code Coun		unty	
Paycheck Mailing Address (If different from above - a P.O. Box may be used.) Apt. #									
City		State				Zip Code		unty	
EMAIL CHANGE									
Former Email Address				New Email Address					
PHONE CHANGE									
Former Home Phone				New Home Phone					
Former Cell Phone				N	New Cell Phone				

AUTHORIZATION: My signature below authorizes the Business Services Center to make the appropriate changes to my employee data as noted on this form.

**PLEASE NOTE:** The BSC staff will update your personnel records including your paycheck and health insurance records. In addition, there are several employment-related organizations which you must contact directly to advise of this change. See below for a list of such organizations. If applicable, please also follow your agency's procedures for reporting personal information changes.

Additional agencies and organizations to notify of your personal information change. Please contact each organization that applies to you.

## \* FOR ADDRESS CHANGES INVOLVING MOVING INTO OR OUT OF NYC/YONKERS:

You may need to update your NYC tax withholding status. To update your NYC withholding status you will need to file an IT-2104. By completing this PDC form, you are not altering your filing status. Failure to send in the IT-2104 may result in incorrect withholding status for NYC taxes. You can find the IT-2104 form at <a href="https://www.tax.ny.gov/pdf/current\_forms/it/it2104\_fill\_in.pdf">https://www.tax.ny.gov/pdf/current\_forms/it/it2104\_fill\_in.pdf</a>

**CSEA** 1-800-342-4146 <u>https://cseany.org/</u>

Deferred Compensation 1-800-422-8463 https://www.nysdcp.com

District Council 37 (DC37) 212-815-1000 http://www.dc37.net/

Flex Spending Account (HCSA) Health Care Spending Account (DCAA) Dependent Care Advantage Account 1-800-358-7202 http://flexspend.ny.gov/

MC Life Insurance 518-473-3496 https://www.cs.ny.gov/

NYPERL (New York Public Employee and Retiree Long-Term Insurance Plan) 1-866-474-5824 https://www.cs.ny.gov/otherben/nyperl/nyperl.cfm

New York's College Savings Program 1-877-697-2837 https://www.nysaves.org/

NYSCOPBA 518-427-1551 ext. 261 https://www.nyscopba.org/contact-us/

NYS Department of Civil Service If you are on any eligible Civil Service lists, you must notify Civil Service in writing. NYS Department of Civil Service Staffing Support Unit Albany, NY 12239 Or call the Eligible List Information Line for further information: 518-457-4295 https://www.cs.ny.gov/elmspublic/faq.cfm

NYS Law Enforcement Officers Union, AFSCME, AFL-CIO, Council 82 518-489-8424 http://www.council82.org/ SFS User Accounts Contact your Agency Security Administrator (ASA)

State Email Address 1-844-891-1786 fixit@its.ny.gov https://chat.its.ny.gov

NYS Retirement System 518-474-7736 (local) 1-866-805-0990 (toll-free) http://www.osc.state.ny.us/retire/ Must be notified in writing. Forms are available online.

NYS-Ride 1-866-428-7781 http://www.nysride.com

OMCE 518-456-5241 http://nysomce.org/

PEF 1-800-342-4306 http://www.pef.org/

Savings Bonds 1-800-426-9314 http://www.treasurydirect.gov/

Social Security Administration 1-800-772-1213 https://www.ssa.gov Federal and state laws require Social Security earnings to be reported under the correct name and Social Security Number.

Broadview Federal Credit Union 1-800-727-3328 https://www.broadviewfcu.com/

It is suggested that employees complete Tax Form IT-2104 when moving in or out of New York City. https://www.tax.ny.gov/ 518-457-5181