



Personal Data Change Form

Instructions: Submit your completed and hand-signed form with documentation for processing via email to the Personnel Administration Unit at BSCPersonnelAdmin@ogs.ny.gov, or by fax to 518-457-1879, or by regular mail using the address above.

Documentation for Name Change: You must submit one type of documentation from the list below to validate your request. If the required documentation is not provided, your request cannot be processed. Check the documentation included with this form.

- Social Security Card, Valid Driver's License, Passport, Marriage Certificate, Divorce Document, Court Order

The changes requested on this form apply to the following (check all that apply): Name Change, Address Change, Phone Change

EMPLOYEE
Last Name, First Name, MI, Agency, Last 4 of SS# or Full NYS Empl ID\*

NAME CHANGE (acceptable documentation from the list above must be submitted to the BSC with this form)
Former Last Name, Former First Name, MI, New Last Name, New First Name, MI. \*The NYS Empl ID, also known as your unique NYS Employee Identifier is an 8 digit number that begins with "N" (alpha). This number appears on your pay stub under the Pay Start Date and Pay End Date. You may also provide the last 4 digits of your social security number in this section.

ADDRESS/PHONE CHANGE
New Resident Address (Please provide residence address - a P.O. Box is not acceptable.) Apt. # Email
City, State, Zip Code, County, Home Phone Number, Cell Phone Number

Mailing Address (If different from above - a P.O. Box may be used) Apt. # Email
City, State, Zip Code, County, Home Phone Number, Cell Phone Number

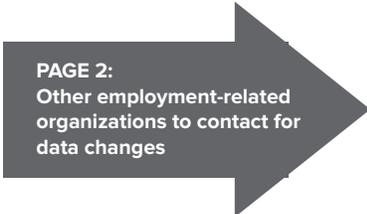
Paycheck Mailing Address (If different from above - a P.O. Box may be used) Apt. #
City, State, Zip Code, County

RESET PRINT

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

Signature Date

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 page 2 of this form for a list of such organizations. If applicable, please also follow your agency's procedures for reporting personal information changes.



BSC HR Use Only: NYSTEP NYBEAS HCM PAYSERV

BSC HR Representative Signature Date

BSC HR Representative Comments Pay cycle: Pay period:



# Business Services Center

A Division of the Office of General Services

Personnel Administration Unit, Human Resources  
Building 5, 4th Floor  
W. Averell Harriman State Office Campus  
1220 Washington Avenue  
Albany, NY 12226-1900  
Email: [BSCPpersonnelAdmin@ogs.ny.gov](mailto:BSCPpersonnelAdmin@ogs.ny.gov)  
Website: [bsc.ogs.ny.gov](http://bsc.ogs.ny.gov)  
Phone: 518-457-4272 | Fax: 518-457-1879

## Personal Data Change Form

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

### Social Security Administration

1-800-772-1213

<https://www.saa.gov>

Federal and state laws require Social Security earnings to be reported under the correct name and Social Security Number.

### NYPERL

(New York Public Employee and Retiree Long-Term Insurance Plan)

1-866-474-5824

<https://www.cs.ny.gov/otherben/nyperl/nyperl.cfm>

### OGS Parking Services

518-474-8118

[parking.management@ogs.ny.gov](mailto:parking.management@ogs.ny.gov)

<https://parking.ogs.ny.gov>

### State Employees Federal Credit Union (SEFCU)

518-452-8183

1-800-727-3328

<https://www.sefcu.com/>

### CSEA

1-800-323-2732

<https://cseany.org/>

### PEF

1-800-342-4306

<http://www.pef.org/>

NYS Public Employees Federation

P.O. Box 12414

Albany, NY 12212

### MC Life Insurance

518-473-3496

<https://www.cs.ny.gov/>

**It is suggested that employees complete Tax Form IT-2014 when moving in or out of New York City.**

Link to: [Withholding Tax Forms](http://www.tax.ny.gov/)

<https://www.tax.ny.gov/>

518-457-5181

### 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.

### New York's College Savings Program

1-877-697-2837

<https://www.nysaves.org/>

### NYS-Ride

1-866-428-7781

<http://www.nysride.com>

### Savings Bonds

1-800-426-9314

<http://www.treasurydirect.gov/>

### 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>

### Flex Spending Account

(HCSA) Health Care Spending Account

(DCAA) Dependent Care Advantage Account

1-800-358-7202

<http://flexspend.ny.gov/>

### FOR NAME CHANGES ONLY:

If you have a SFS user account, you must email your Agency Security Administrator (ASA) to request that your SFS user be updated.