

Human Resources, BSC Records Management Building 5, Floor 4 W. Averell Harriman State Office Campus 1220 Washington Avenue

 $\textbf{Email:} \ \underline{\textbf{BSCHRForms@ogs.ny.gov}}$

Website: bsc.ogs.ny.gov

Albany, NY 12226-1900

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 <u>BSCHRForms@ogs.ny.gov</u>, or by fax to 518-457-1879, or by regular mail using the address above.

The changes requested o	on this form apply to the followir	ng:	Nome (°hanga	Address Characa	Email Change	Dhana Chana	
(check all that apply)			Name Change		Address Change	Email Change	Phone Change	
EMPLOYEE								
Last Name	First Name		МІ	Agency			Last 4 of SS# or Full NYS Empl II	
NAME CHANGE								
	uired for a name change. Please chec our request cannot be processed.	k the b	ox or boxes bel	ow to indicate	the documentation you are	submitting with this fo	rm. You must submit a copy o	
Social Security Card	Valid Driver's License	Pa	ssport	Marriage C	ertificate* Divorc	e Decree*	Court Order	
*If you are changing your nam and submit a <u>Health Insurance</u>	ne due to marriage or divorce, and you e Transaction Form (PS-404).	u would	l like to add or r	emove a spou	se or dependent from your l	health insurance plan,	you must complete	
Former Last Name			Former Firs	st Name			MI	
New Last Name			New First I	Name			MI	
ADDRESS CHANGE * For a	ddress changes involving NYC/Y	onker/	s residency, r	olease see se	econd page			
Former Address (include state,		Officer	s residency, p	neuse see se	reona page			
New Resident Address (Plea	cceptable.)			Apt. #				
City	y				Zip Code County		у	
Mailing Address (If different fro	om above - a P.O. Box may be used.)					Apt. #		
City			tate		Zip Code	Count	County	
							_	
Paycheck Mailing Address	(If different from above - a P.O. Box may be	used.)			<u> </u>	Apt. #		
City		S	tate		Zip Code	Count	у	
EMAIL CHANGE								
Former Email Address				New Email Address				
PHONE CHANGE								
Former Home Phone				New Home Phone				
Former Cell Phone				New Cell Phone				
AUTHORIZATION: My signa	ture below authorizes the Busin	ess Se	ervices Cente	r to make th	e appropriate changes t	to my employee da	ta 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 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 https://www.tax.ny.gov/pdf/current_forms/it/it/2104_fill_in.pdf

CSEA

1-800-342-4146 https://cseany.org/

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.

State Employees Federal Credit Union (SEFCU)

518-452-8183

1-800-727-3328

https://www.sefcu.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