

Name: _____

Address: _____

Phone: _____

SSN: _____

Or

Empire Plan ID number: _____

Mail to:

NYS Dept of Civil Service
Employee Benefits Division
Albany, NY 12239

Dear NYS Dept of Civil Service:

The payment for my health insurance coverage is being made for multiple months. I would like to request that you hold any refunds and continue to apply them towards my health insurance coverage.

Any questions feel free to contact me at the above address or phone.

Sincerely,

Sign

Date