New York City Office of Labor Relations
Health Benefits Program
nyc.gov/hbp

HBP

RETIREE CHANGE OF ADDRESS FORM

A change of address may necessitate a change of health plans. Please check with your plan to see if your **NEW** address is within their service area. If you need to change health plans as a result of your new address, you must contact this office for further instructions. Please note that this form only changes your address with the Health Benefits Program and your health plan. In order to change your address with pension or your union, you will need to contact them directly.

Retiree Name: _____
Last *First* *Middle Initial*

S.S.N: _____ **Pension#**: _____

New Address: _____
Number and Street *Apartment #*

_____
City *State* *Zip Code*

Current Health Plan: _____

Telephone#: _____
Area Code *Phone Number*

Cell Phone#: _____
Area Code *Phone Number*

E-mail Address: _____

Signature: _____ **Date**: _____

Mail completed form to:
New York City
Office of Labor Relations
Health Benefits Program
22 Cortlandt Street, 12th Floor – **Attn: Operations Unit**
New York, NY 10007