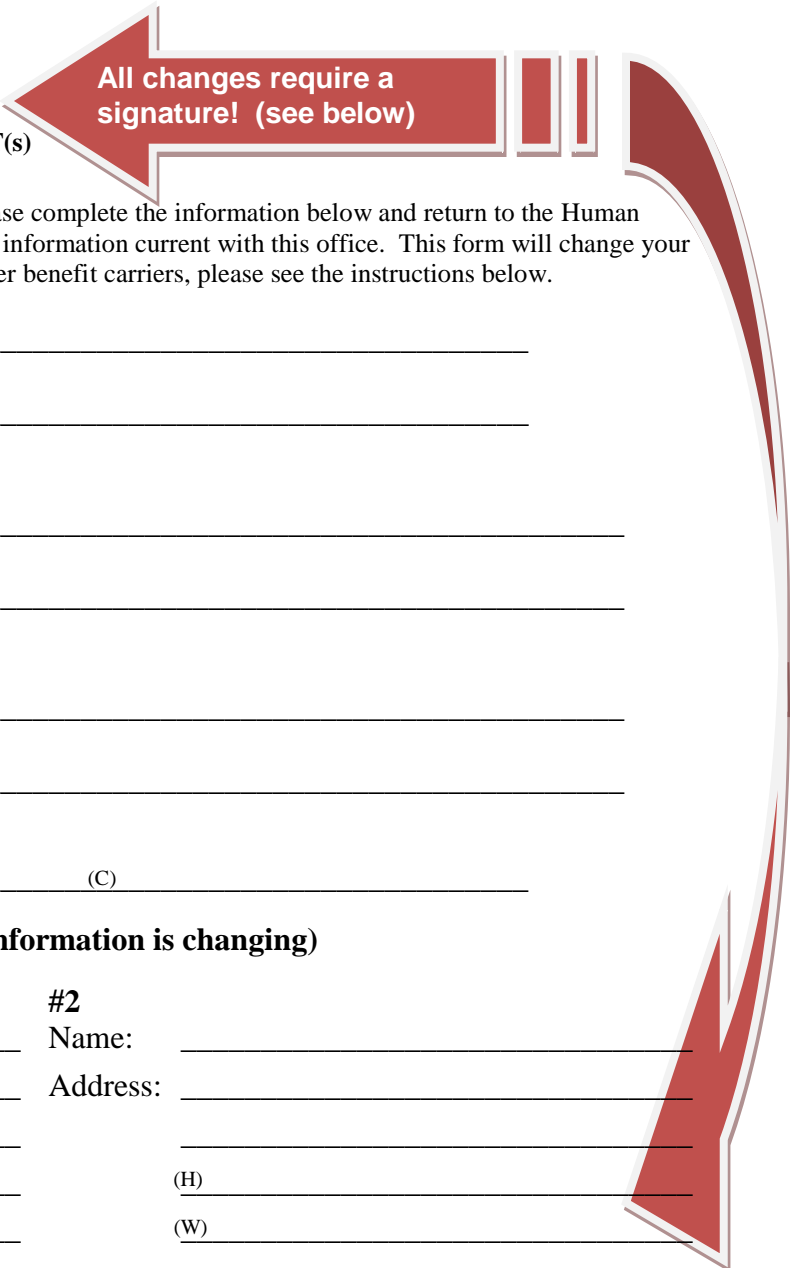


SUNY GENESEO

Please check the change(s) you wish to make:

- CHANGE OF ADDRESS** (see below*)
- CHANGE OF NAME** (see below*)
- CHANGE OF EMERGENCY CONTACT(s)**



To change your address, name, or emergency contact, please complete the information below and return to the Human Resources Office, Erwin 219. It is important to keep your information current with this office. This form will change your official College records; to change your status with all other benefit carriers, please see the instructions below.

Name: _____

Name Change to: _____

Home Address

Street (required): _____

City, State, Zip: _____

Mailing Address

Street or PO Box: _____

City, State, Zip: _____

Telephone Number: (H) _____ (C) _____

New Emergency Contacts: (complete only if information is changing)

#1

Name: _____

Address: _____

Phone: (H) _____

(W) _____

(C) _____

Relationship: _____

#2

Name: _____

Address: _____

(H) _____

(W) _____

(C) _____

Relationship: _____

Signature: _____ **Date:** _____

*** Change of Address or Name Notification to Other Benefit Carriers:**

Health Insurance

- No additional forms are needed

Retirement Systems

- TRS: www.nystrs.org/main/forms.html
- TIAA-CREF: go to TIAA-Cref.org and log in
- ERS: www.osc.state.ny.us/retire/forms/index.htm

Bargaining Unit Benefit Funds:

- CSEA: Call Benefit Fund at 1-800-323-2732
- UUP: Forms available from UUP or the Human Resources Office
- MC, Council 82, NYSCOPBA, & PEF: No action required

Human Resources Office Use Only: _____ NYBEAS _____ SUNY HR _____ NYSTEP (Classified Only)

Name Change Only: _____ File Labels _____ Note on I-9