

Mail, Fax or Email completed form to:



CHANGE OF ADDRESS CARD

*Please Print in
Ink and Sign*

United University Professions

P.O. Box 15143, Albany, NY 12212-5143

email: www.benefits@uupmail.org

800-887-3863 (Phone) 866-559-0516 (Fax)

Please update your address with your campus Health Benefits Administrator.

Name (Last, First, Middle Initial)

NY State Employee ID

Old Address – Number & Street

City, State, Zip Code

New Address – Number & Street

City, State, Zip Code

New Telephone Number

Effective Date Of Change

Non-Suny Email

Member Signature **X**