

*Mail, Fax or Email completed form to:*



## **CHANGE OF ADDRESS CARD**

*Please Print in  
Ink and Sign*

**UUP Benefit Trust Fund**  
P.O. Box 15143, Albany, NY 12212-5143  
Email - [benefits@uupmail.org](mailto: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