COUNTY OF SUFFOLK



DEPARTMENT HUMAN RESOURCES, PERSONNEL AND CIVIL SERVICE

THOMAS MELITO PERSONNEL OFFICER

S.C. Department of Human Resources, Personnel and Civil Service Employee Benefits Unit

CHANGE OF ADDRESS FORM

The member must complete all information listed below, sign, date and return the form via fax, by uploading the form to the Workday website or by mailing it to the **Suffolk County Department of Human Resources, Personnel and Civil Service - Employee Benefits Unit** at the address listed below.

Health insurance identification No.:				Effective Date of Address Change:					
Last name:	First Name			Middle Initial					
OLD Permanent Address:				NEW Permanent Address (Where Taxes are Filed):					
Street:				Street:					
City	State	Zip Code		City		State		ip Code	
Mailing Address (if different than above)						<u> </u>	"		
Street:				City		State		Zip Code	
Telephone Number (Include Area Code)									
Home:				Cell:					
EMAIL ADDRESS:									
Mambaya Signatura					Dete				
Member's Signature:				Date:					

12/2020