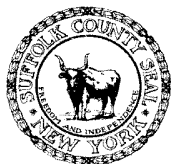


COUNTY OF SUFFOLK



EDWARD P. ROMAINÉ
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HUMAN RESOURCES
EMPLOYEE MEDICAL HEALTH PLAN

JOSEPH LAMBERSON
DIRECTOR

**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 to the *Suffolk County Department of Human Resources, Personnel and Civil Service-Employee Benefits Unit* at the mailing address listed below.

Name: _____ SS#: XXX-XX-_____

Permanent Address: _____

Mailing Address (*If different than above*): _____

Effective Date of Above Address: _____

Previous Address: _____

Phone: Home: () _____ Cell: () _____

Member's Signature: _____ Date: _____

1/2020

LOCATION:
WILLIAM J. LINDSAY COMPLEX - BLDG. 158
725 VETERANS MEMORIAL HIGHWAY

MAILING ADDRESS:
P.O. BOX 6100
HAUPPAUGE, NY 11788-0099

(631) 853-4866
FAX: (631) 853-6396