

**NEW YORK STATE HEALTH INSURANCE PROGRAM  
(NYSHIP)**

**Change of Home Address Form**

Name (Please Print): \_\_\_\_\_ NYSHIP Card #: \_\_\_\_\_  
(Last, First)

College: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

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**NEW HOMEADDRESS:**

Number and Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

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**OLD HOME ADDRESS:**

Number and Street \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTE: Please return this form to the Graduate Center Student Affairs Office either via scan & email at [healthinsuranceinfo@gc.cuny.edu](mailto:healthinsuranceinfo@gc.cuny.edu) or fax to 212. 817.1621.**