



New York City Office of Labor Relations  
Health Benefits Program  
nyc.gov/hbp



**RETIREE CHANGE OF ADDRESS FORM**

A change of address may necessitate a change of health plans. Please check with your plan to see if your **NEW** address is within their service area. If you need to change health plans as a result of your new address, you must contact this office for further instructions. Please note that this form only changes your address with the Health Benefits Program and your health plan. In order to change your address with pension or your union, you will need to contact them directly.

**Retiree Name:** \_\_\_\_\_  
*Last First Middle Initial*

**S.S.N.:** \_\_\_\_\_ **Pension#:** \_\_\_\_\_

**New Address:** \_\_\_\_\_  
*Number and Street Apartment #*  
\_\_\_\_\_  
*City State Zip Code*

**Current Health Plan:** \_\_\_\_\_

**Telephone#:** \_\_\_\_\_  
*Area Code Phone Number*

**Cell Phone#:** \_\_\_\_\_  
*Area Code Phone Number*

**E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form electronically to:  
<https://nycemployeebenefits.leapfile.net>

- or -

Mail completed form to:  
NYC Health Benefits Program  
22 Cortlandt Street, 12th Floor  
New York, NY 10007