



# Office of General Services Business Services Center

Human Resources, BSC Records Management  
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Email: [BSCHRRForms@ogs.ny.gov](mailto:BSCHRRForms@ogs.ny.gov)  
Website: [bsc.ogs.ny.gov](http://bsc.ogs.ny.gov)  
Phone: 518-457-4272 | Fax: 518-457-1879

## Personal Data Change Form

**Instructions:** Submit your completed, hand-signed form along with documentation for processing to the BSC Records Management team at [BSCHRRForms@ogs.ny.gov](mailto:BSCHRRForms@ogs.ny.gov), or by fax to 518-457-1879, or by regular mail using the address above.

<b>The changes requested on this form apply to the following:</b> (check all that apply)				<input type="checkbox"/> <b>Name Change</b>	<input type="checkbox"/> <b>Address Change</b>	<input type="checkbox"/> <b>Email Change</b>	<input type="checkbox"/> <b>Phone Change</b>
<b>EMPLOYEE</b>						<b>REQUIRED</b> (Cannot process w/o SS# or N#)	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Agency</b>			<b>Last 4 of SS#</b>	<b>Full NYS Empl ID</b> or
<b>NAME CHANGE</b>							
<b>Documentation:</b> This is only required for a name change. Please check the box or boxes below to indicate the documentation you are submitting with this form. You must submit a copy of <u>one</u> type of documentation or your request cannot be processed.							
<input type="checkbox"/> <b>Social Security Card</b>	<input type="checkbox"/> <b>Valid Driver's License</b>	<input type="checkbox"/> <b>Passport</b>	<input type="checkbox"/> <b>Marriage Certificate*</b>	<input type="checkbox"/> <b>Divorce Decree*</b>	<input type="checkbox"/> <b>Court Order</b>		
*If you are changing your name due to marriage or divorce, and you would like to add or remove a spouse or dependent from your health insurance plan, you must complete and submit a <a href="#">Health Insurance Transaction Form</a> (PS-404).							
<b>Former Last Name</b>			<b>Former First Name</b>			<b>MI</b>	
<b>New Last Name</b>			<b>New First Name</b>			<b>MI</b>	
<b>ADDRESS CHANGE * For address changes involving NYC/Yonkers residency, please see second page</b>							
For each address listed below, check the corresponding address types you would like to update. Please note that your home, mailing, and paycheck mailing addresses do not need to be the same, <b>but you can only have one of each address on file</b> . For example, you can have a separate home address and a separate mailing address, but you cannot have two different home addresses on file. (PO boxes are acceptable for mailing and paycheck mailing addresses, but they cannot be used for a home address.)							
<b>Address 1:</b>					<b>Apt. #</b>	<b>Check all that apply:</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>		<input type="checkbox"/> Use for Home Address <input type="checkbox"/> Use for Mailing Address <input type="checkbox"/> Use for Paycheck Mailing Address	
<b>Address 2:</b>					<b>Apt. #</b>	<b>Check all that apply:</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>		<input type="checkbox"/> Use for Home Address <input type="checkbox"/> Use for Mailing Address <input type="checkbox"/> Use for Paycheck Mailing Address	
<b>Address 3:</b>					<b>Apt. #</b>	<b>Check all that apply:</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>		<input type="checkbox"/> Use for Home Address <input type="checkbox"/> Use for Mailing Address <input type="checkbox"/> Use for Paycheck Mailing Address	
<b>EMAIL CHANGE</b>							
For each email address listed below, check the corresponding email types you would like to update. Please note that your work, personal, and other email addresses do not need to be the same, <b>but you can only have one of each email type on file</b> .							
<b>Preferred Email:</b>						<b>Check all that apply:</b>	
						<input type="checkbox"/> Work <input type="checkbox"/> Personal <input type="checkbox"/> Other	
<b>Additional Email 1:</b>			<b>Check all that apply:</b>			<b>Additional Email 2:</b>	
			<input type="checkbox"/> Work <input type="checkbox"/> Personal <input type="checkbox"/> Other			<b>Check all that apply:</b>	
						<input type="checkbox"/> Work <input type="checkbox"/> Personal <input type="checkbox"/> Other	
<b>PHONE CHANGE</b>							
For each phone number listed below, check the corresponding contact number you would like to update. Please note that your home, cell, and work numbers do not need to be the same, <b>but you can only have one of each contact number on file</b> .							
<b>Preferred Phone Number:</b>		<b>Check all that apply:</b>		<b>Additional Phone Number 1:</b>		<b>Check all that apply:</b>	
		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home				<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
<b>Additional Phone Number 2:</b>							
		<b>Check all that apply:</b>				<b>Check all that apply:</b>	
		<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home				<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
<b>AUTHORIZATION:</b> My signature below authorizes the Business Services Center to make the appropriate changes to my employee data as noted on this form.							
<b>Signature</b>				<b>Date</b>			

**PLEASE NOTE:** The BSC staff will update your personnel records including your paycheck and health insurance records. In addition, there are several employment-related organizations which you must contact directly to advise of this change. See below for a list of such organizations. If applicable, please also follow your agency's procedures for reporting personal information changes.

**FOR ADDRESS CHANGES INVOLVING MOVING INTO OR OUT OF NYC/YONKERS:** You may need to update your NYC tax withholding status. To update your NYC withholding status you will need to file an IT-2104. By completing this PDC form, you are not altering your filing status. Failure to send in the IT-2104 may result in incorrect withholding status for NYC taxes. You can find the IT-2104 form at [https://www.tax.ny.gov/pdf/current\\_forms/it/it2104\\_fill\\_in.pdf](https://www.tax.ny.gov/pdf/current_forms/it/it2104_fill_in.pdf)

**Additional agencies and organizations to notify of your personal information change.**  
**Please contact each organization that applies to you.**

**CSEA**

1-800-342-4146  
<https://cseany.org/>

**Deferred Compensation**

1-800-422-8463  
<https://www.nysdcp.com>

**District Council 37 (DC37)**

212-815-1000  
<https://www.dc37.net/>

**Flex Spending Account**

(HCSA) Health Care Spending Account  
(DCAA) Dependent Care Advantage Account  
1-800-358-7202  
<https://oer.ny.gov/fsa>

**MC Life Insurance**

518-473-3496  
<https://www.cs.ny.gov/>

**NYPERL**

(New York Public Employee and Retiree Long-Term Insurance Plan)  
1-866-474-5824  
<https://www.cs.ny.gov/otherben/nyperl/nyperl.cfm>

**New York's College Savings Program**

1-877-697-2837  
<https://www.nysaves.org/>

**NYSCOPBA**

518-427-1551 ext. 261  
<https://www.nyscopba.org/contact-us/>

**NYS Department of Civil Service**

If you are on any eligible Civil Service lists, you must notify Civil Service in writing.  
NYS Department of Civil Service  
Staffing Support Unit  
Albany, NY 12239  
Or call the Eligible List Information Line for further information:  
518-457-4295  
<https://www.cs.ny.gov/elmspublic/faq.cfm>

**NYS Law Enforcement Officers Union, AFSCME, AFL-CIO, Council 82**

518-489-8424  
<https://www.council82.org/>

**SFS User Accounts**

Contact your Agency Security Administrator (ASA)

**State Email Address**

1-844-891-1786  
[fixit@its.ny.gov](mailto:fixit@its.ny.gov)  
<https://chat.its.ny.gov>

**NYS Retirement System**

518-474-7736 (local)  
1-866-805-0990 (toll-free)  
<https://www.osc.ny.gov/retirement>  
Must be notified in writing. Forms are available online.

**NYS-Ride**

1-866-428-7781  
<https://oer.ny.gov/nys-ride>

**OMCE**

518-456-5241  
<https://nysomce.org/default.aspx>

**PEF**

1-800-342-4306  
<https://www.pef.org/>

**Savings Bonds**

1-800-426-9314  
<https://www.treasurydirect.gov>

**Social Security Administration**

1-800-772-1213  
<https://www.ssa.gov>  
Federal and state laws require Social Security earnings to be reported under the correct name and Social Security Number.

**Broadview Federal Credit Union**

1-800-727-3328  
<https://www.broadviewfcu.com/>

**It is suggested that employees complete Tax Form IT-2104 when moving in or out of New York City.**

<https://www.tax.ny.gov/>  
518-457-5181