



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE

NANCY G. GROENWEGEN
COMMISSIONER

New York State Health Insurance Program Dependent Eligibility Verification Project Cover Sheet

Complete this form and return it with the necessary documentation to confirm the eligibility of your dependent(s).

Enrollee Name	
Enrollee Social Security Number	Enrollee Day Time Telephone Number

List each dependent for which you are submitting documentation:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Return this form and all documents to:

**NYSHIP Dependent Eligibility Verification Project
New York State Department of Civil Service
P.O. Box 13193
Albany, NY 12212-3193**

1(800) 409-9059