

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

**Transfer to New College / Change in Title Form**

If you are currently enrolled in NYSHIP and will be transferring to a new college, will have a new title or both, you must complete this form. This will ensure your NYSHIP coverage remains uninterrupted and you maintain continuity of benefits. Delays in completing this form may jeopardize health insurance coverage.

**Section A: Reason for Submission (check one):**

Transfer Only     Change in Title Only     Both Transfer & Change in Title

---

**Section B: Employee Information**

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

Last or Current Appointment (check one):  Spring     Summer     Fall    Year: \_\_\_\_\_

College: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
Month/Day/Year

Title: \_\_\_\_\_

---

**Section C: New Appointment / Title Information (check one):**

Spring     Summer     Fall    Year: \_\_\_\_\_

College: \_\_\_\_\_ Appointment Date: \_\_\_\_\_  
Month/Day/Year

Title: \_\_\_\_\_

By signing below, I attest that the information above regarding my new appointment or change in title is accurate, and that I approve the transfer of my health insurance deductions from my current paycheck to the paycheck associated with my new appointment or title change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

*If you are a Ph.D. Student at the CUNY Graduate Center, you may email the form to [healthinsuranceinfo@gc.cuny.edu](mailto:healthinsuranceinfo@gc.cuny.edu).*

*If you are an Engineering Ph.D. Student at City College, you may email the form to Kim Ferguson at [kferguson@ccny.cuny.edu](mailto:kferguson@ccny.cuny.edu).*

*If you are enrolled in a Ph.D. Program at the CUNY School of Public Health, you may email the form to Arthur M. McHugh, Jr. at [Arthur.McHugh@sph.cuny.edu](mailto:Arthur.McHugh@sph.cuny.edu) with a copy to [Angie.Rivera@sph.cuny.edu](mailto:Angie.Rivera@sph.cuny.edu).*