



Change of Employee Address FICA Refund Claim

Email: FICA_Unit@fisa-opa.nyc.gov
Fax: (212) 857-7264

Mail: FISA-OPA
FICA Refund Claim Unit
5 Manhattan West, 4th Floor
New York, NY 10001-2633

EMPLOYEE NAME

First M.I. Last Social Security Number

EMPLOYEE NEW ADDRESS

Street Address *If applicable, include Apt. #, Floor #, or P.O. Box #*

Street Address Continuation

City State ZIP Code

Email Work Phone Number Home Phone Number

CONTACT INFORMATION FOR DECEASED EMPLOYEE

To be used only if employee is deceased

First M.I. Last Social Security Number

Date of death (MM/DD/YYYY) Relationship to deceased
Spouse Child Parent Other (please specify)

Must attach original or certified copy of the Death Certificate.

Street Address *If applicable, include Apt. #, Floor #, or P.O. Box #*

Street Address Continuation

City State ZIP Code

Email Work Phone Number Home Phone Number

SIGNATURE

Signature is mandatory for acceptance of document

Date (MM/DD/YYYY)

Name (Please print) _____ Signature _____

FOR OPA USE ONLY

DATA ENTRY OPERATOR Date (MM/DD/YYYY)

Name (Please print) _____ Signature _____