



THE CITY OF NEW YORK
OFFICE OF PAYROLL ADMINISTRATION

Change of Employee Address FICA Refund Claim

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
FICA Refund Claim Unit
450 West 33rd Street, 4th Floor,
New York, NY 10001

Fax to: (212) 857-7262

EMPLOYEE NAME

FIRST

M.I.

LAST

SOCIAL SECURITY NUMBER

EMPLOYEE NEW ADDRESS

STREET ADDRESS

INCLUDE: APT. #, FL. # OR BOX #, IF APPLICABLE.

STREET ADDRESS CONTINUATION

CITY

STATE

ZIP / POSTAL CODE

PLUS 4

EMAIL

CONTACT INFORMATION FOR DECEASED EMPLOYEE

TO BE USED ONLY IF
EMPLOYEE IS DECEASED

FIRST

M.I.

LAST

SOCIAL SECURITY NUMBER

DATE OF DEATH

MUST SEND ORIGINAL
OR CERTIFIED COPY OF
THE DEATH CERTIFICATE
WITH THIS FORM

RELATIONSHIP TO DECEASED

- SPOUSE CHILD
 PARENT OTHER _____

STREET ADDRESS

INCLUDE: APT. #, FL. # OR BOX #, IF APPLICABLE.

STREET ADDRESS CONTINUATION

CITY

STATE

ZIP / POSTAL CODE

PLUS 4

EMAIL

SIGNATURE

SIGNATURE IS MANDATORY FOR
ACCEPTANCE OF DOCUMENT

PHONE NUMBER

WORK

HOME

PRINT NAME

SIGNATURE

FOR OPA USE ONLY

DATA ENTRY OPERATOR

PRINT NAME

SIGNATURE