EXHIBIT 7

| NEW YORK STATE OF OPPORTUNITY. **Department of Civil Service** | **Sample Address Change Report** IFB entitled: "Employee Benefit Card" |

EMPIRE PLAN

RUN DATE: MM/DD/YYYY   DATE: MM/DD/YYYY
RUN TIME: HH:MM:SS   TIME: HH:MM:SS
RUN NUMBER: <Sequential Numbering to Identify Cycle – Starting with 1

PAGE: ____

ID	Name	Original Address	Revised Address
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE
890123456	LAST NAME, FIRST NAME	ADDRESS LINE 1 ADDRESS LINE 2 CITY STATE ZIP CODE	ADDRESS LINE 1 APT 123 CITY STATE ZIP CODE