

# **YCCD – RETIREE VERIFICATION OF CONTACT INFORMATION**

\_\_\_\_\_  
Print Retiree Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Dependent's Name

\_\_\_\_\_  
Date of Birth

☐ Use other side of paper if more room is needed.

\_\_\_\_\_  
Street Address (no PO Boxes)

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Home Phone #/Alternate Cell Phone #

\_\_\_\_\_  
E-Mail Address (Preferred)

\_\_\_\_\_  
Alternate E-Mail Address (if applicable)

## **In Case of Emergency, please notify the following:**

\_\_\_\_\_  
Print Contact Name

\_\_\_\_\_  
Relationship

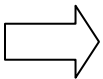
\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
Evening Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Please return your completed form to the Benefits Office. This information will be kept on file with your benefits information.**