

**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 #

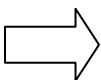
E-Mail Address (Personal) Alternate E-Mail Address (if applicable)

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.