

**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#

\_\_\_\_\_  
E-Mail Address Other Contact Info. (Alternate cell or e-mail)

**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 Human Resources Office.  
This information will be kept on file with your benefits information.**