

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

Preferred method of correspondence: ☐ E-Mail ☐ Regular Mail

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:

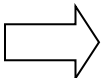
Print Contact Name

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.**