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.