

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

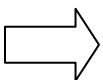
Daytime Number

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.