

**RETIREE HEALTH COVERAGE**  
**EMERGENCY CONTACT FORM**

Retiree: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Current Email: \_\_\_\_\_

Address in Retirement: \_\_\_\_\_

\_\_\_\_\_

Retirement Phone: \_\_\_\_\_

Retirement Email: \_\_\_\_\_

Emergency Contact Name and Phone Number:

(Name) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Relationship): \_\_\_\_\_

Emergency Contact for someone who does not reside with you:

(Name) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Relationship) \_\_\_\_\_