

2018 - Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

YOUR Last Name

First Name

Middle Name

Date of Birth

Permanent Home Address:

Is this a new address? ___ Yes ___ No

City

State

Zip Code

Cell Phone: Area Code ()

Home Telephone: ()

Additional Home Address:

Is this a new address? ___ Yes ___ No

City

State

Zip Code

Cell Phone: Area Code ()

Home Telephone: ()

THE POLICE PENSION OFFICE STRONGLY ENCOURAGES EVERY INDIVIDUAL TO HAVE A COPY OF YOUR POWER OF ATTORNEY ON FILE IN OUR OFFICE. WITHOUT THIS DOCUMENT ON FILE, IF YOU WERE TO BECOME INCAPICATED WE ARE UNABLE TO SPEAK WITH ANYONE REGARDING YOU OR YOUR BENEFITS/CARE. WE NEED TO KNOW WHO *YOU HAVE DESIGNATED* TO HELP YOU IF YOU SHOULD EVER NEED ASSISTANCE!

PLEASE ATTACH A COMPLETE COPY OF YOUR POWER OF ATTORNEY PAPERWORK TO THIS DOCUMENT

_____ INITIAL HERE IF YOU DO NOT HAVE A POWER OF ATTORNEY

RETURN TO: POLICE PENSION, PO BOX 94729, SEATTLE, WA 98124

YOUR EMERGENCY CONTACT(S) ARE:

(1) Name _____ **Relationship** _____

Street Address	City	State	Zip Code
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Telephone (_____) _____ **Daytime Phone # (_____)** _____

(2) Name _____ **Relationship** _____

Street Address	City	State	Zip Code
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Telephone (_____) _____ **Daytime Phone # (_____)** _____

ADDITIONAL INFORMATION:

The information requested on this card is confidential and for emergency use only. In the event of an emergency, this information will be used by Police Pension Personnel only.

In the case of emergency, I give permission for my information to be released to my emergency contacts listed on this card as needed.

SIGNATURE: _____ **DATE:** _____