

Biographical Data Update



Complete all fields with current information

PLEASE CHECK ONE: Retirant Surviving Spouse

Last Name _____ First Name _____ Middle Initial

Street Address

City _____ State _____ Zip Code XXX-XX-_____
Last 4 digits of SSN

Date of Birth _____ Home Phone # _____ Cell Phone #

Email Address

Emergency Contact Information (Please list someone other than your spouse)

Complete in full

Emergency Contact Name _____ Relationship

Street Address _____ Phone #

City _____ State _____ Zip Code

Marital Status (Check applicable box and complete related information)

Single Married _____ Date Divorced _____ Date Widowed

Spouse's Full Name _____ XXX-XX-_____
Last 4 digits of Spouse's SSN

Date of Birth _____ Cell Phone #

Dependent Information – Child(ren) under 26 years of age or permanently disabled (on HPRS health care coverage)

Full Name	SSN (last 4 digits)	DOB	Relationship	
_____	XXX-XX-_____	_____	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Guardianship
_____	XXX-XX-_____	_____	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Step-Child
_____	XXX-XX-_____	_____	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Guardianship
_____	XXX-XX-_____	_____	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Step-Child
_____	XXX-XX-_____	_____	<input type="checkbox"/> Natural Child	<input type="checkbox"/> Guardianship
_____	XXX-XX-_____	_____	<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Step-Child

(List additional children on separate sheet of paper with information for each.)

Signature

My signature below affirms that all information provided on this form is complete and true to the best of my knowledge.

▶ _____
Signature _____ Date