



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 _____ Spouse's SSN _____
Date of Birth _____ Cell Phone # _____
Is spouse currently employed full-time? Yes No Is spouse currently or will receive a pension? Yes No

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
			<input type="checkbox"/> Adopted Child	<input type="checkbox"/> Step-Child
	XXX-XX-____		<input type="checkbox"/> Natural Child	<input type="checkbox"/> Guardianship
			<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.

▶ _____ Date _____
Signature Date