



Human Resources
Employee Benefits and Services

Retiree Personal Information

All completed fields below will supersede any previous information

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name
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Address

Home Address	City	State	ZIP CODE
<input type="checkbox"/> SAME AS ABOVE Mailing Address	City	State	ZIP CODE

Personal Profile

Email Address	Home Phone	Alternate Phone
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<input type="checkbox"/>	Receive Retiree Open Enrollment information in electronic format CONSENT: By checking the box, I elect to receive my Retiree Open Enrollment information in an electronic format. I understand that by choosing this option I will not receive open enrollment materials via mail. I further understand that I have the ability to contact Employee Benefits and Services Department to change my consent at any time.
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Employee Signature	Date
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