



EMERGENCY CONTACT & ADDRESS CHANGE FORM

I. Your information:

Name		
Address (mailing)		
	City	
	State	
Zip		
Address (physical)		
	City	
	State	
Zip		
Phone	Home #	Cell #
Email		

II. Please provide contact information for someone that we may contact should we be unable to reach you.

Name (primary contact)		
Address		
	City	
	State	
Zip		
Phone	Home #	Alternate #
Email		
Relationship		

Name (secondary)		
Address		
	City	
	State	
Zip		
Phone	Home #	Alternate #
Email		
Relationship		

III. Power of Attorney

Name		
Address		
	City	
	State	
	Zip	
Phone	Home #	Alternate #
Email		

Signature

Date

Return form to: Department of Human Resources / Benefits Division

1 Harrison St SE, 4th floor, P.O. Box 7000

Leesburg, VA 20177-7000

Fax 571-258-3212 / email benefits@loudoun.gov / www.loudoun.gov/retiree

FOR HUMAN RESOURCES USE ONLY

SYSTEM UPDATED _____