

EMERGENCY INFORMATION

YOUR NAME _____

Last Name First Name Middle Name

DATE OF BIRTH _____

HEALTH CARD NUMBER _____

BENEFITS COMPANY _____

BENEFITS POLICY NUMBER _____

SPOUSE/PARTNER BENEFITS COMPANY _____

SPOUSE/PARTNER BENEFITS POLICY NUMBER _____

CONTACT INFORMATION

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Other _____

EMPLOYMENT INFORMATION

Company/Firm _____

Address Suite _____

City, Province, Postal _____

NAME OF SUPERVISOR _____

SPOUSE CONTACT INFORMATION

NAME OF SPOUSE/PARTNER _____

DATE OF BIRTH _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Other _____

YOUR SPOUSE/PARTNER EMPLOYMENT INFORMATION

Company/Firm _____

Address _____

City, Province, Postal _____

NAME OF SUPERVISOR _____

EMERGENCY NEXT OF KIN

Name _____
Date of birth _____ Relationship to you _____
Home _____ Work Phone _____ Cell Phone _____
E-mail _____ Other _____

MEDICAL POWER OF ATTORNEY

Name _____
Date of birth _____ Relationship to you _____
Home _____ Work Phone _____ Cell Phone _____
E-mail _____ Other _____

FINANCIAL POWER OF ATTORNEY

Name _____
Date of birth _____ Relationship to you _____
Home _____ Work Phone _____ Cell Phone _____
E-mail _____ Other _____

LAST WILL AND TESTIMONT

My Will is located _____
Lawyer Name _____
Lawyer Phone Number _____
Lawyer Address _____

ARE YOU AN ORGAN DONOR (please circle one) yes no

LIFE INSURNACE INFORMATION

INSURANCE COMPANY _____
POLICY NUMBER _____