

LEOFF 1 MEMBER INFORMATION UPDATE FORM

FORM 1

In order to maintain up-to-date information for LEOFF 1 members, please notify us whenever you have a change to your personal information below. This will ensure that you receive benefit information and reimbursements in a timely manner. If you have any questions, contact your LEOFF 1 Liaison, Carl Watts, at 360-753-8305.

PLEASE COMPLETE AND RETURN ANY CHANGES IN ONE OF THE FOLLOWING WAYS:

- **Confidential Fax:** 360-709-2735
- **Email:** humanresources@ci.olympia.wa.us
- **Mail to:** Attn HR, City Hall, PO Box 1967, Olympia, WA 98507-1967
- **In person:** City Hall, 601 4th Ave. E., Olympia, WA. 98501

Please Print Legibly

Name	Marital Status	DOB	Main Phone	Cell Phone	Other phone
Primary Address	City	State	Zip	Effective Date	
Snowbird Address	City	State	Zip	Beginning Date	End Date
Email 1		Police or Fire			
Email 2		Medicare Y or N			
Authorized Care Taker Name	Address			Email	Phone

LEOFF 1 Member Signature
(Authorized guardian, POA)

Date