

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