



City of Lewiston

Emergency Contact and Beneficiary Information

Please check the box for each section you would like to record or update and then complete the section. Return all forms to HR.

SECTION I - PERSONAL INFORMATION

Employee Name: _____

Street Address: _____

City, State Zip: _____

Phone #: _____ Cell #: _____

SECTION II - EMERGENCY CONTACT

Name: _____

Street Address: _____

City, State Zip: _____

Phone #: _____ Cell #: _____

Relationship to Employee: _____

SECTION III - BENEFICIARY INFORMATION

Under the terms of the Personnel Policy and the Collective Bargaining Agreements, if termination of employment is caused by death, pay for unused vacation and regular time worked shall be paid to the beneficiary so designated by the employee, and such designation shall be in writing:

Name of Beneficiary: _____

Street Address: _____

City, State Zip: _____

Phone: _____ Cell #: _____

Employee: _____
(please print)

Signature: _____

Date: _____