



Administrative and Regulatory Shared Services Center Employee Emergency Contact Information

Read this first and please clearly print your information

Completion of this form is voluntary and only requested for your assistance in the case of an emergency. This information will be kept confidential by the Administrative and Regulatory Shared Services Center and your agency's Human Resources liaison. This information will be used only when you are unable to provide the information. It is your responsibility to update your information as needed.

Step 1: Identify yourself Central Management Services Financial & Professional Regulation Gaming Board
 Insurance Racing Board Revenue

Name (First, middle, last): _____ Social Security No.: ____-____-____

Home address: _____ Date of birth: ____/____/____

City _____ State _____ ZIP _____

Home phone number: (____) ____-____-____ Today's date: ____/____/____

Step 2: Complete your emergency contact information

We will attempt to contact the first person listed. If we are unsuccessful we will try to contact the second person listed.

First contact's name: _____ Relationship (e.g., spouse): _____

Phone: (____) ____-____-____ (____) ____-____-____ (____) ____-____-____
Home Cell Work

Second contact's name: _____ Relationship (e.g., spouse): _____

Phone: (____) ____-____-____ (____) ____-____-____ (____) ____-____-____
Home Cell Work

Step 3: Provide your hospital preference and doctor information

Hospital name: _____ City: _____

Doctor's name: _____ Phone: (____) ____-____-____

Additional information regarding your health (diabetes, drug allergies, heart condition, etc.): _____

Step 4: Tell us anyone else you would like us to contact

If you are a carpool member or have a dependent person under someone's care and you would like us to contact someone, complete below.

Contact's name: _____ Phone: (____) ____-____-____

Provide the dependent's name (if applicable): _____ Relationship (e.g., child): _____

Contact's name: _____ Phone: (____) ____-____-____

Provide the dependent's name (if applicable): _____ Relationship (e.g., child): _____

Contact's name: _____ Phone: (____) ____-____-____

Provide the dependent's name (if applicable): _____ Relationship (e.g., child): _____

Step 5: Send us your information

Mail your completed form to:

**ADMINISTRATIVE AND REGULATORY SHARED SERVICES CENTER
101 WEST JEFFERSON STREET MAIL CODE 3-110
SPRINGFIELD IL 62702**