Employee Emergency Information Form

Personal Information	
Employee ID	
First name	
Middle name	
Last name	
Gender	
Citizenship	
Date of Birth (month, day,	
Place of birth (country/region)	
Home address	
Country (if overseas hire)	
Home phone	
Mobile (Cellular) phone	
Home e-mail address	
Civil ID or SSN	
Passport number	
Nearest major international airport	
Medical Information	
Doctor's name	
Address	
Phone number	
Blood type	
Medical conditions and Allergies	
Current medications	
Emergency Information	
Emergency contact's name	
Relationship	
Address	
Phone number(s)	
Final Financial Settlement Beneficiary	

Note: Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive the employee or, if none, by all contingent beneficiaries who survive the employee.

Primary Beneficiary (ies):

Name (1) ..... Relationship ..... Contact Tel .....

Address .....

Name (2) ..... Relationship ..... Contact Tel .....

Address .....

Contingent Beneficiary:

Name (1) ..... Relationship ..... Contact Tel .....

Address .....