

Foothill-De Anza Community College District
2014 RETIREE DATA UPDATE
for retirement benefits and medical provider correspondence

RETIREE - ALTERNATE CONTACTS FORM

DO YOU CURRENTLY HAVE A DESIGNATED POWER OF ATTORNEY (POA)? ☐ YES ☐ NO

 **Note that Power of Attorney (POA) documentation may be provided if you have recently designated or updated your records only.**

Authorization form for Power of Attorney may be submitted via fax **650-949-6299**, pdf/email to MyBenefits@fhda.edu, or mail a copy to the District to update your records as soon as possible.

Note due to HIPAA regulations, we are unable to discuss your private health information or anything benefits-related with anyone who is not designated as your Power of Attorney (POA).

PLEASE LIST TWO (2) EITHER NEXT OF KIN OR CLOSE RELATIVE IN THE EVENT WE ARE UNABLE TO CONTACT YOU FOR ANY REASON:

RETIREE NAME: _____ **Last 4 digits of SSN:** _____

1) ALTERNATE CONTACT:

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: () _____ - _____ CELL NUMBER: () _____ - _____

PERSONAL E-MAIL: _____

2) ALTERNATE CONTACT:

NAME: _____

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: () _____ - _____ CELL NUMBER: () _____ - _____

PERSONAL E-MAIL: _____

RETIREE SIGNATURE: _____ **DATE** _____

SUBMIT THIS FORM TO THE BENEFITS UNIT *ALONG WITH* THE RETIREE MEDICARE SURVEY
NO LATER THAN MONDAY, MARCH 17, 2014

