



# 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  
 Revenue   
  Lottery   
  Racing Board

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 5-110  
SPRINGFIELD IL 62702**