



Henrico County Department of Human Resources – General Government Personal Information Form for Retirees

Date: _____

Last four of SSN: _____

Prefix: _____ Last Name _____ First Name _____ MI _____ Suffix _____

ADDRESS & CONTACT INFORMATION

Street Address _____ Apt No. _____ City _____ State _____ Zip Code _____

CONTACT INFORMATION

Preferred Contact Phone Number _____

Alternate Phone Number _____

Email Address

I wish to **OPT-IN** to receive communications electronically from the Henrico County General Government Benefits Office.
This includes Open Enrollment information and the annual newsletter.

Check one of the following options below:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Yes - Emailed Communications Only |
| <input type="checkbox"/> | No - Mailed Communications Only |
| <input type="checkbox"/> | Both - Emailed and Mailed Communications |

Retiree Signature:

FOR HR USE

		Initial	Date	
<input type="checkbox"/>	Oracle Updated	_____	_____	Employee ID #: _____
<input type="checkbox"/>	Database Updated	_____	_____	
<input type="checkbox"/>	Medical Updated	_____	_____	
<input type="checkbox"/>	Dental Updated	_____	_____	