

### Supplementary Employee Information

PLEASE PRINT

1. **Social Security Number:**    -   -

2. **Legal Name (as it appears on your Social Security Card)**  
 Last Name  First Name  MI

3. **Preferred FIRST Name** (if different from legal name)   
**Former LAST Name** (if different from legal name)

4. **Home Address:**  
 Address  Apt #  City  State  Zip

5. **Primary Home Phone Number - The best way for NWHMC to reach you):**  
 ( ) Type: ( ) Land Line ( ) Cell Phone ( ) Pager

6. **Secondary Home Phone Numbers (If any):**  
 ( ) Type: ( ) Land Line ( ) Cell Phone ( ) Pager

7. **Date of Birth:**     
 Month Day Year

8. **Place of Birth:**    **(Needed for UW Medicine provisioning.)**  
 City State/Province Country

9. **Primary Emergency Contact Information (The first person you'd want NWHMC to contact):**  
 Last Name  First Name  Relationship  
 Address  Apt #  City  State  Zip

**Primary Emergency Telephone: (Best phone number to reach this contact in emergency.)**  
 ( )  Land Line  Cell  Pager  
 Home  Work  Pager  
 Day  Evening

Emergency Contact Other Phone (If we cannot reach this contact at the above primary phone number, are there any other secondary phone number for this person you want us to call?)  
 ( )  Land Line  Cell  Pager  
 Home  Work  Pager  
 Day  Evening

If you have other EMERGENCY CONTACT, check here  and enter information on the back of this form.

**2<sup>nd</sup> Emergency Contact**

**10. Emergency Contact Information:**

Last Name		First Name		Relationship	
Address			Apt #	City	State Zip

**Telephone: Primary way to reach emergency contact is at:**

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

If we cannot reach this contact at the above primary phone number, are there any other secondary phone numbers for this person you want us to call?

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

**3<sup>rd</sup> Emergency Contact**

**11. Emergency Contact Information:**

Last Name		First Name		Relationship	
Address			Apt #	City	State Zip

**Telephone: Primary way to reach emergency contact is at:**

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

If we cannot reach this contact at the above primary phone number, are there any other secondary phone numbers for this person you want us to call?

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager

( )	<input type="checkbox"/>	Land Line	<input type="checkbox"/>	Cell	<input type="checkbox"/>	Pager
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Pager