

# EMPLOYEE PERSONAL INFORMATION SHEET

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Do you currently have funds on deposit with CalPERS? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Choose one ethnic group with which you most closely identify with:

	Caucasian Male		Caucasain Female
	American Indian Male		American Indian Female
	Black Male		Black Female
	Hispanic Male		Hispanic Female
	Asian/Pacific Island Male		Asian/Pacific Island Female

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

**Benefit Enrollment Information (Full Time/Part Time Benefited Positions Only):**

Do you currently have other insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Vision: \_\_\_\_\_

Please list all dependents you will be covering, including your spouse and children to age 26.

Name	Birthdate	Relationship	Sex	Social Security Number

Date of Marriage (if applicable): \_\_\_\_\_

If you are covering dependents who do no live with you, please list the address below:

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_