
Federal Deposit Insurance Corporation
EMPLOYEE EMERGENCY CONTACT RECORD

PRIVACY ACT STATEMENT

The FDIC is authorized to request this information from you by 12 U.S.C § 1819. The FDIC will use this information in the event of an accident or in an emergency situation to notify your next-of-kin or any other individuals you name on the form as the person(s) to contact in an emergency. Furnishing the requested information is voluntary, but failure to provide the requested information may delay the FDIC's efforts to contact the person(s) you want to be notified in the event of an accident or other emergency. The information you provide may be provided to appropriate Federal, state, local or foreign law enforcement authorities; to a court, administrative tribunal, or a party in litigation; to contractors, agents and other third parties as authorized by law, and in accordance with any of the other routine uses described in the FDIC Employee Medical and Health Assessment Records (FDIC-30-64-0017) System of Records available at www.fdic.gov/about/privacy. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at Privacy@fdic.gov.

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INSTRUCTIONS: Submit a new form whenever data changes. For medical emergencies, contact the FDIC Health Unit.

SECTION I - EMPLOYEE INFORMATION

1. Name	2. Position Title	3. Social Security Number (<i>Last 4-digits</i>)
4. Division/Office		5. Duty Location
6. Home Phone	7. Office Phone	

SECTION II - EMERGENCY CONTACT INFORMATION

8. Name	9. Relationship to Employee	
10. Home Phone	11. Work Phone	12. Mobile Phone

SECTION III - ALTERNATE EMERGENCY CONTACT INFORMATION (*Optional*)

13. Name	14. Relationship to Employee	
15. Home Phone	16. Work Phone	17. Mobile Phone

18. Employee Signature and Date