

CONTACT INFORMATION

In the event of an emergency affecting me requiring emergency notification, I request that Kepler Research notify the following person(s): PLEASE PRINT

Employee Name: _____

SPOUSE: Relationship if not Spouse: _____

Name: _____

Phone Number(s): _____

Address: _____

City/State/Zip: _____

In the event you are unable to notify the above listed person, Kepler Research is authorized to notify:

2nd Contact:

Name: _____

Phone Number(s): _____

Address: _____

City/State/Zip: _____

Relationship to Employee: _____

In the event you are unable to notify the above listed person, Kepler Research is authorized to notify:

3rd Contact:

Name: _____

Phone Number(s): _____

Address: _____

City/State/Zip: _____

Relationship to Employee: _____

I understand and agree that Kepler Research will have no obligation or liability to notify such persons. I also understand that this information is intended for emergency notification purposes only, not a designation of beneficiary, and may be withdrawn or changed upon request.

Employee Signature:

Date: