



### CONTACT INFORMATION UPDATE FORM

Name:	Phone Number:
Address:	Email:

I certify that the information listed above is current and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail to:**  
**RCUH Human Resources**  
**Attn: Employee Benefits Section**  
**1601 East-West Road, Burns Hall**  
**4<sup>th</sup> Floor, Makai Wing**  
**Honolulu HI 96848**

or email this form to: [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com)