



**EVELYN RUBENSTEIN JEWISH COMMUNITY CENTER
EMERGENCY CONTACTS AND CIMA INSURANCE
BENEFICIARIES
2017**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (LAND LINE) _____ **(CELL)** _____

EMERGENCY CONTACTS/CONTACTOS DE EMERGENCIA:

1. NAME: _____

PHONE:

(H) _____ **(C)** _____ **(W)** _____

RELATIONSHIP: _____ **ADDRESS:** _____

CITY/STATE: _____ **ZIP CODE:** _____

2. NAME: _____

PHONE:

(H) _____ **(C)** _____ **(W)** _____

RELATIONSHIP: _____ **ADDRESS:** _____

CITY/STATE: _____ **ZIP CODE:** _____

CIMA INSURANCE BENEFICIARY/BENEFICARIO DEL SEGURO CIMA

1. NAME: _____

PHONE:

(H) _____ **(C)** _____ **(W)** _____

RELATIONSHIP: _____ **ADDRESS:** _____

CITY/STATE: _____ **ZIP CODE:** _____

2. NAME: _____

PHONE:

(H) _____ **(C)** _____ **(W)** _____

RELATIONSHIP: _____ **ADDRESS:** _____

CITY/STATE: _____ **ZIP CODE:** _____

SIGNATURE OF FGP VOLUNTEER

DATE