

EMERGENCY CONTACT INFORMATION FORM

Summit Digital Solutions, Inc.

Last Updated: January 9, 2024

Form ID: HR-ECF-2024-01

1. EMPLOYEE INFORMATION

Legal Name (as appears on government ID):

First Name

p; Middle Initial
 p; Last Name

Employee ID Number:

Department:

Work Location:**Work Phone:**

Personal Mobile: _

2. PRIMARY EMERGENCY CONTACT

Full Name: _

Relationship to Employee: _**Address:**

...

Street: _____

City: _ State: _

ZIP:

...

Contact Numbers:

- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____

Best Time to Contact: _

Languages Spoken: _

3. SECONDARY EMERGENCY CONTACT

Full Name: _

Relationship to Employee: _

Address:

^^^

Street: _

City: _ **State:** _

ZIP:

^^^

Contact Numbers:

- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____

4. MEDICAL INFORMATION (OPTIONAL)

Primary Physician:

Medical Insurance Provider: _

Policy Number: _

Known Allergies: _

Medical Conditions: _

5. AUTHORIZATIONS AND ACKNOWLEDGMENTS

1. I authorize Summit Digital Solutions, Inc. to contact the individuals listed above in the event of an emergency or urgent situation.
2. I understand that this information will be kept confidential and stored in accordance with Summit Digital Solutions' data privacy policies and applicable laws.
3. I acknowledge that it is my responsibility to update this information as necessary to ensure its accuracy.
4. I understand that providing medical information is voluntary and not required as a condition of employment.

6. CONFIDENTIALITY STATEMENT

The information contained in this form is classified as confidential under Summit Digital Solutions' Information Security Policy. Access is restricted to authorized Human Resources personnel and emergency responders on a need-to-know basis.

7. DATA PROTECTION NOTICE

1. This information is collected and processed in accordance with the company's Privacy Policy and applicable data protection laws.
2. The data will be stored securely in the company's HRIS system with restricted access.
3. Information will be retained for the duration of employment plus any period required by law.
4. Employees have the right to review and update their emergency contact information at any time.

8. FORM SUBMISSION AND UPDATES

1. Submit completed forms to Human Resources:

- Email: hr@summitdigital.com
- Physical Location: HR Department, 4th Floor
- Digital Submission: Employee Portal > HR Forms > Emergency Contacts

2. Updates to this information can be made:

- Through the Employee Self-Service Portal
- By submitting a new form to HR
- By emailing HR with specific changes

9. CERTIFICATION

I certify that the information provided above is accurate and complete to the best of my knowledge.

Employee Signature: _

Date:

HR Representative: _

Date Received:

Form Version: 2024.1

10. FOR INTERNAL USE ONLY

Date Entered in HRIS: _

Entered By: _

Verified By:

Last Update:

This form supersedes all previous versions and should be updated annually or upon significant changes in contact information.