



**REQUEST FOR INFORMATION REGARDING STATE EMPLOYEES IN THE
RESERVES OF THE ARMED FORCES OF THE UNITED STATES**

Name of the Employee: _____

Employee Number: _____

Home Address: _____

City, State & Zip Code: _____

Phone Number: _____

Name of Contact Person for the Employee: _____

Contact Person's Home Address: _____

City, State & Zip Code (Contact Person's): _____

Phone Number (Contact Person's): _____

Health Insurance Coverage: _____

Branch of Service: _____

Employing Agency: _____

Agency Contact Person: _____

Agency Contact Person's Phone Number: _____

SEND TO: Office of the State Comptroller
Administrative Services Division
55 Elm Street
Hartford, CT 06106

Attn: Elizabeth Daly
Fax #: (860)702-3441