



**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  
Accounts Payable Division  
165 Capitol Avenue  
Hartford, CT 06106

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