EMPLOYEE EMERGENCY INFORMATION PACKET

TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1

Employee Name: _____ Date: _____

CONFIDENTIAL – HR Use Only
To be opened only in the event of serious injury, incapacity, or death.

TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
4900 River Oaks Boulevard, River Oaks, Texas 76114

EMPLOYEE EMERGENCY INFORMATION PACKET

Policy Reference:

- *Employee Emergency Information & Line-of-Duty Preparedness*
- *Line-of-Duty Death*
- *Line-of-Duty Death and Serious Injury Notification*
- *Family Support Liaison*
- *Funerals*

EMPLOYEE IDENTIFICATION	Employee ID: _____
Full Legal Name: _____	Preferred Name: _____
Date of Birth:_____	Last Four of SSN:_____
Rank/Title:_____	Division: _____
Station & Shift: _____	Hire Date: _____

EMERGENCY CONTACT

Administration will notify in the order listed unless exigent circumstances require otherwise.

Primary Contact

Name: _____ Relationship: _____

Address:_____

Cell Phone:_____ Alternate: _____

Email: _____

Secondary Contact

Name: _____ Relationship: _____

Address:_____

Cell Phone:_____ Alternate: _____

Email: _____

Additional Contact (optional)
Name: _____ Relationship: _____

Address:_____

Cell Phone:_____ Alternate: _____

Email: _____

☐ I authorize the District to share medical status updates with the individuals listed above if I am incapacitated.

BENEFICIARY & BENEFITS CONFIRMATION

This form does NOT replace official legal beneficiary designations. It confirms the existence and last update of required documentation.

Life Insurance

Carrier: _____ Policy No.: _____

Primary Beneficiary Confirmed: ☐ Yes ☐ No Date Last Updated: _____

Retirement System

☐ TCDRS ☐ TMRS ☐ Other_____

Primary Beneficiary Confirmed: ☐ Yes ☐ No Date Last Updated: _____

Because the District participates in the **Texas County & District Retirement System (TCDRS)** pursuant to **Texas Government Code Title 8, Subtitle F, Chapter 841 et seq.**, employees are solely responsible for maintaining current and accurate beneficiary designations directly with TCDRS.

This certification confirms that the employee has reviewed their emergency information and understands the distinction between District records and official TCDRS beneficiary records.

☐ I understand that my official retirement beneficiary designation is maintained directly with TCDRS and is governed by Texas Government Code Chapter 841.

☐ I acknowledge that the District Employee Emergency Information Packet does **not** replace or modify my official TCDRS beneficiary designation.

Deferred Compensation (457/Other)

Carrier: _____

Primary Beneficiary Confirmed: ☐ Yes ☐ No Date Last Updated: _____

Workers' Compensation Acknowledgment:

I understand workers' compensation benefits are governed by Texas law and administered through the District's carrier.

☐ Acknowledged

Federal PSOB Acknowledgment:

I understand that potential federal death or disability benefits may be available through the Public Safety Officers' Benefits Program administered by the Bureau of Justice Assistance.

☐ Acknowledged

MEDICAL INFORMATION

Serious Injury Scenario

Primary Health Insurance Carrier: _____ Policy No.:_____

Preferred Hospital / Trauma Center:_____

Primary Physician: _____ Phone: _____

Allergies: _____

Medical Conditions:

_____

_____

_____

☐ I authorize release of medical information to my listed emergency contacts if I am incapacitated.

FAMILY LIAISON PREFERENCES

In the event of serious injury or death, I request the following individual serve as a Family Liaison (if available and appropriate):

Name:_____ Rank.:_____

Relationship:_____ Phone:_____

Notification Preferences

✓ Executive Director / Fire Chief or their designee notification
☐ Chaplain present
☐ Limited media interaction
☐ No social media posting until family approval
☐ Additional Instructions: _____

_____

FUNERAL & HONORS PREFERENCES

If death occurs in the line of duty and eligibility requirements are met:

☐ Full LODD Honors
☐ Department Honors
☐ Private Ceremony
☐ No Public Ceremony
☐ Personal Arrangements Already Made

Religious Presentation Preference: _____

_____

_____

Music Preference: _____

_____

Flag Presentation Preference: _____

PERSONAL EFFECTS & STATION PROPERTY

Person to Receive Personal Effects:

Name: _____ Relationship: _____

Phone:_____ Email: _____

Locker / Equipment Instruction (if any):

_____

_____

_____

☐ I authorize the District to inventory and release personal property per policy.

SERIOUS INJURY / PERMANENT DISABILITY PREFERENCES

If permanently disabled:

☐ I prefer reassignment if available
☐ I prefer medical retirement if eligible
☐ I request benefits counseling for my family

Additional Instructions: _____

_____

_____

ACKNOWLEDGMENT

I understand this document is for administrative preparedness and does not replace official beneficiary forms, wills, insurance policies, or retirement designations.

I acknowledge that I am responsible for keeping my official legal documents current.

Employee Signature:_____ Date: _____

Human Resources: _____ Date: _____