

THIS FORM ***WILL NOT*** ENROLL YOU IN BENEFITS

To enroll go to: <http://www.myabx.com/benefits>

Or call (800) 736-3973 ext. 62157

Part-time Beneficiary Form

Employee Information

| | | | | | |
|---|------------------|--------------|---------------------|--|---------------|
| Employee Name (Last, First, M.I.) <i>Please print</i> | | Employee No. | Social Security No. | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single | |
| Home Address | | City | State | Zip | |
| Dept. Name | Location/Station | Hire Date | Part-time Date | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth |

Business Travel Accident

| Beneficiary Designation — Primary | | | | |
|-------------------------------------|--------------------------------------|---------------------|---------------|--|
| Relationship | Name (Last, First, M.I.) and Address | Social Security No. | Date of Birth | Distribution (% of Total Benefit) <i>Must Equal 100%</i> |
| | | | | |
| | | | | |
| Beneficiary Designation — Secondary | | | | <i>Must Equal 100%</i> |
| | | | | |
| | | | | |

Voluntary Accident Insurance

| Beneficiary Designation — Primary | | | | |
|-------------------------------------|--------------------------------------|---------------------|---------------|--|
| Relationship | Name (Last, First, M.I.) and Address | Social Security No. | Date of Birth | Distribution (% of Total Benefit) <i>Must Equal 100%</i> |
| | | | | |
| | | | | |
| Beneficiary Designation — Secondary | | | | <i>Must Equal 100%</i> |
| | | | | |
| | | | | |

Employee Signature _____

Date _____

Please Return to ILN — Benefits 2061H
145 Hunter Drive ♦ Wilmington, OH 45177