

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



**Flight Crew Beneficiary Form**

<b>Employee Information</b>					
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	Full Time Date	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth

<b>Life/AD &amp; D Insurance</b>				
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				

<b>Voluntary Accident Insurance</b>				
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				

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_