



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

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

Or call (800) 736-3973 ext. 3157 or ext. 3085

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