Family Update/Addition Form Employee & Retiree Dependent Child/Nondependent Child of Employee



PLEASE ALLOW ONE WEEK FOR PROCESSING

By submitting personal data to Endeavor Air Pass Bureau, you agree to allow Endeavor Air to process your personal data and to transfer your personal data to Endeavor Air headquarters in Minneapolis, Minnesota, USA, or to any other location in the world for any purpose related to your employment with Endeavor Air, including, without limitation, to provide you with employee benefits. "Personal data" means any information relating to you or your employment with Endeavor Air. "Process" in relation to personal data means the following operations: collection, recording, organization, storage, amendment, retrieval, consultation, use, disclosure, erasure and similar operations.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. IT WILL NOT BE PROCESSED IF ANY SECTION IS LEFT BLANK.

1 - Employee Inform	ation			
Employee Last Name (Surna	ame): Firs	st Name:	Current Date:	
Employee Number:		Base:	Email Address:	
2A - Dependent/Nond	lependent Personal Informa	tion		
Full Legal Name of Depende	ent: Last Name (Surname)		First Name	
Date of Birth (Month/Day/Yea	r):	<u>S</u>	<u>Sex</u> : [] Male [] Female	
2B - Action to be Tak	en:			
[] Add a nondependent of [] Report death of a child: [] Correct or change personal of the control of the change personal of the change	Date of Death	dependent/nonde	– 24 but enrolled in college full time.) dependent child: dependent	
2C- Relationship to E	mployee			
[] Natural Born Child [] Legally Adopted Child [] Stepchild [] Legal Guardian [] Foster Child	Provide photocopy of the child's birth certificate showing the employee or domestic partner as a parent. Date of legal adoption:			
	Criteria for Dependent			
[] Child is a full-time colle (Must provide pro	ge student of of current full-time student status Guard, or Merchant Marines Acade	my) **Please inclu	college or university, including attending a US Armed Forces Service Academy (US Military, Naval, clude proof of fulltime enrollment from studentclearinghouse.org (enrollment verifier) /Day/Year child last attended class:	
[] cima is no condend in	an time conege student	Wienin		
3 – Employee Signatu	re/Certification (You must sig	n this if you are su	submitting any information on this form.)	
concerning the nature of information provided is su disciplinary action regarding	a reported family status change a ubject to verification and falsifying ng my employment up to and inclu	and that I have me this information ding termination.	y dependent/nondependent ("designee") is true and correct, including the information met the requirements for making the changes that I have requested. I understand that the n can lead to termination of benefits and/or pa ss travel privileges, and may also result in n. I also understand that submission of information on this form does not guarantee eligibility for a payroll deduction, Endeavor Air is authorized to make that deduction.	
Employee Signature			 Date	

To submit this form:

Scan to: Pass.Bureau@EndeavorAir.com
OR Send VIA Fax to: 901-432-5205