

**Family Update/Addition
Form (Spouse/Ex-Spouse)**



*****PLEASE ALLOW ONE WEEK FOR PROCESSING*****

By submitting personal data to Endeavor Air, 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.

1 - Employee Information

Employee Name: Last Name (Surname): _____ First Name: _____

Employee Number (PPR): _____ **Base:** _____ **Today's Date:** _____

2 - Update Personal Information

☐ **Change Marital Status:** ☐ Married ☐ Divorced ☐ Separated ☐ Widowed **Effective Date:** _____

3 - Spouse/Ex-Spouse Information

Full Legal Name: Last Name (Surname): _____ First Name: _____ Middle Name: _____

Sex: ☐ Male ☐ Female **Date of Birth** _____ **Social Security/Gov't ID Number:** _____

☐ **Add Spouse** **Date of Marriage:** _____
A photocopy of marriage certificate must accompany this request. Spouse will not be added without required documentation.

☐ **Remove Spouse** **Date of Divorce:** _____
Due to Divorce

☐ **Legally Separated Spouse** **Date of Legal Separation:** _____
Provide photocopy of court documentation of the legal separation signed/stamped by a judge with this request.

☐ **Report Death of Spouse** **Date of Death:** _____
Provide a photocopy of the spouse's death certificate with this request.

4 Employee Signature/Certification (You must sign this if you are submitting any information on this form.)

I certify that the information I have provided regarding myself and my dependent/spouse ("designee") is true and correct, including the information concerning the nature of a reported family status change and that I have met the requirements for making the changes that I have requested. I understand that the information provided is subject to verification and falsifying this information can lead to termination of pass travel privileges and may also result in disciplinary action regarding my employment up to and including termination. I also understand that submission of information on this form does not guarantee eligibility for benefits or pass travel privileges. If my pass travel privileges should result in the need for a payroll deduction, Endeavor Air is authorized to make that deduction. I understand that if I have attempted to make changes on this form that are not permitted by the plans or the law, the requested changes will not be made.

Employee Signature

Date

Send via Scan/Email to Pass.Bureau@EndeavorAir.com
or send via Fax to: 901-432-5205