

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 Information

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

Employee Number: _____ Base: _____ Email Address: _____

2A - Dependent/Nondependent Personal Information

- Complete a separate form for each request.
- Complete all applicable sections.

Full Legal Name of Dependent: Last Name (Surname) _____ First Name _____

Date of Birth (Month/Day/Year): _____ Sex: Male ☐ Female ☐

2B - Action to be Taken:

- ☐ Add a dependent child (of employee or domestic partner)
- ☐ Add a nondependent child
- ☐ Report death of a child: Date of Death _____
- ☐ Update personal information already on file for dependent/nondependent child: _____
- ☐ Change a child's status from dependent to non-dependent
- ☐ Change a child's status from non-dependent to dependent

2C- Relationship to Employee

- ☐ Natural Born Child Provide photocopy of the child's birth certificate showing the employee or domestic partner as a parent.
- ☐ Legally Adopted Child Date of legal adoption: _____
- Provide photocopy of the Adoption Placement Order, Petition to Adopt, or Adoption Finalization Order.
- Provide photocopy of the child's birth certificate or adoption order showing your spouse as the parent as well as the marriage certificate.
- ☐ Stepchild Does the stepchild live in your home on a permanent full-time basis? ☐ Yes ☐ No (If no, for Pass Travel eligibility, proof of financial support must also be provided.)
- Nondependent** stepchildren are not eligible for pass travel privileges unless the stepchild was a dependent of the employee prior to age 19.
- ☐ Legal Guardian Date you, the employee, were appointed Permanent Legal Guardian by the court: _____
- Provide photocopy of the child's birth certificate, along with a copy of the Court order naming you, the employee, as the Legal Guardian.
- Note: Custody is not acceptable.**
- ☐ Foster Child Provide a photocopy of legal placement documentation showing the child has been placed in your home as a foster child.

2D – Student or Military Criteria for Dependent/Non-Dependent Children (who is not married, nor has ever been married)

☐

Child is a full-time college student

(Must provide proof of current full-time student status at an accredited college or university, including attending a US Armed Forces Service Academy (US Military, Naval, Force, Coast Guard, or Merchant Marines Academy) ****Please include proof of fulltime enrollment from studentclearinghouse.org (enrollment verifier)**)☐

Child is NO LONGER a full-time college student

Month/Day/Year child last attended class: _____

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Child is on active duty with the U.S. Military (Army/Navy/Air Force/Marines/Coast Guard/Space Force), or active/inactive duty status with the National Guard and Reserves

****Must provide proof of military service**☐

Child is no longer a member of the U.S. Military

Month/Day/Year child left the military: _____

3 – 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/nondependent ("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 benefits and/or 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 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.

Employee Signature_____
Date**To submit this form:****Scan to: Pass.Bureau@EndeavorAir.com****OR Send via Fax to: 901-432-5205**

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