

## Spouse Pass Rider Addition or Update Form

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

**\*\*\* SUPPORTING DOCUMENTATION REQUIRED IF ADDING A SPOUSE\*\*\***

Rev: 1/25

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 Last Name:	First Name:	Middle Name:
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Employee Number:	Base:	
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### 2 – Action to be taken

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

Remove Spouse due to termination of relationship (divorce will also terminate the pass travel privileges of any stepchildren of the employee) **Date of Divorce:**

Remove Spouse due to Legal Separation **Date of Separation:**

Report Death of Spouse: **Date of Death:**

Remove Spouse due to addition of pass Travel Companion

Correct or change Spouse's personal information already on file.

**Correction to be made:**

### 3 – Spouse/Ex Spouse Information

Full Legal Name: Last Name:	First Name:	Middle Name:
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Sex: Male      Female	Date of Birth:	
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### 4 -Additional Comments:

### 5 - Employee Signature/Certification

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's Signature:

Date:

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**Employee: Please submit the form and supporting documents in Dayforce Self-Service.**

**Retiree: Please email the form and supporting documents to [Pass.Bureau@Endeavorair.com](mailto:Pass.Bureau@Endeavorair.com)**