

**BOEING CANADA OPERATIONS
Winnipeg Division**

**Enrolment for Company Paid
Accidental Death & Dismemberment Insurance (AD&D)**

Employee Name _____ BEMS No. _____
(print please)

Date Employed _____

☐ **Enrolment**

Designated hereon is the beneficiary or beneficiaries for the Group AD&D for which I am eligible under the Group Policies issued to the Boeing Company.

This designation shall remain in effect until revoked by myself in writing.

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

Employee Signature _____ Date _____

☐ **Change in Beneficiary:**

If more than one beneficiary in a primary or contingent class is named, or the survivor/survivors, in each such class, shall share equally, unless otherwise stated below

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

_____	_____	_____	_____
(beneficiary's first name)	(initials)	(beneficiary's last name)	(relationship)

Employee Signature _____ Date _____

Company Witness _____ Date _____