

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 _____