

Please be advised, I would like to withdraw from the TWU-Mutual Of Omaha Long Term Disability Insurance program.

Please notify the American Airlines Benefit department to discontinue deductions of premiums from my payroll checks.

Signed _____

Date _____

Print Last Name, First Name M.I. Employee #

Address Apt. #

City State Zip

Local# Station Hire Date

Home # Cell# SS#

Reason for Withdraw: _____

Mail or Fax to: Cara Steelman, LTD System Administrator
Transport Workers Union of America
Air Transport Division
1791 Hurstview Drive
Hurst, Texas 76054
C-Steelman@twu.org
Fax: (817) 282-1906

CDS:opeiu-153 afl-cio