

2017 US AIRWAYS RETIREMENT NOTIFICATION FORM Applies to the Legacy US Airways Flight Attendants and CWA/IBT

Effective January 1, 2017 the 65 Point Plan is used to determine Retirement eligibility –

65 Point Plan - age plus years of service must equal 65 or more, with a minimum of 10 years of Active service. This will include:

- **Retiree Travel**- Retirees.aa.com website
- **Retirees.aa.com website** – same employee number and password
- **Pay out of accrued sick bank**, if applicable. Payment will be made within 30 days
- **Retirement gift** – Speak to your manager about your selection
- **Retiree ID** – Can be requested on the Retirees.aa.com website
- **COBRA option** - If you have been covered by a US Airways medical plan while actively employed, you will receive notification to log onto [Benefits Service Center](#) soon after you retire in order to exercise your right to continue coverage under COBRA for medical, dental and/or vision. You will have 60 days to complete your enrollment.

Retirement with medical coverage– must be at least age 55 with a minimum of 10 years of Active service. If you are between the ages of 55-65, with a minimum of 10 years of Active Service, you are eligible to enroll into the Pre 65 Medical Plan regardless of whether or not you have been an active participant in a company medical plan prior to retirement. You pay the full premium cost for this coverage. You will receive notification to log onto [Benefits Service Center](#) soon after you retire in order to exercise your right to continue coverage for Pre 65 medical. The Pre 65 Medical Plan medical coverage can be elected **instead** of the COBRA if you choose. Please note that if you elect to waive this plan at retirement you will not be able to enroll at a later date, including any future annual enrollment periods.

RETIREMENT NOTIFICATION FORM
All Legacy US Airways Flight Attendants and CWA/IBT

**Form must be submitted at least 2 WEEKS prior to retirement date
and not more than 90 days in advance.**

Name: _____ Retirement Date: _____
US Employee #: _____ Date of Hire: _____
AA Employee #: _____ Date of Birth: _____
Union (circle one): Flight Attendant CWA Workstation (city) : _____
Personal Email address: _____
Home address: _____

I understand that I meet the qualifications for the 65 Point Retirement Plan. I also request my unused Sick Leave (if any) to be paid out at the rate of \$8.65 per hour.

Employee's Signature

Date

Manager's Signature

Date

YOU MUST OBTAIN YOUR MANAGER'S SIGNATURE BEFORE YOU SUBMIT YOUR COMPLETED FORM.

Retirement Services Department: Mail: PO Box 619616 MD 5146, DFW Airport, TX 75261
Fax: (817) 967-6335 / Email: Retirement.Services@AA.com

For Official Use Only		
Approved <input type="checkbox"/>	Denied	Denial Reason: _____
Processed By: _____		Date: _____