

Please be advised, I would like to withdraw from the TWU-The Hartford 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTEN: Shawnya Canfield  
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