



US AIRWAYS RETIREMENT NOTIFICATION FORM

Please Submit to Employee Benefits Administration & Manager

Name: _____ Retirement Date: ____/____/____
Employee Number: _____ Soc Sec #: ____-____-____

Street Address: _____

City, State, Zip: _____, _____, _____

Home Number: (____) _____ - _____ Daytime Number: (____) _____ - _____

Cost Center: _____ Union: _____ Position: _____

Manager's Name: _____ Manager's Phone: (____) _____ - _____

Date of Hire: ____/____/____ Date of Birth: ____/____/____ Years of Service: ____

MEDICAL SELECTION OPTIONS

Employees Eligible to Receive Medical Benefits into Retirement
Pilots Aged 50-60 -- All Other Employees Ages 55-65

Select one choice below -- changes acceptable prior to your retirement date -- see
<http://thehub.usairways.com> for more information

Retiree Medical Plan Choices - 2 week notice required --(If eligible, check only one option -
Otherwise, please complete 65 Point Plan Form - Retirement/Resignation with Retiree Flight Privileges)

- Sick Leave Cash Payout** -- You will receive a taxable cash payment for accumulated sick leave pursuant to the application formula. If you have been covered by the US Airways medical plan, you will be sent a COBRA packet explaining your right to continue coverage soon after you retire.
- Sick Leave Credit toward Medical Premium** -- You will receive credit for accumulated sick leave toward the premium to participate in the US Airways Access medical plan for retirees, pursuant to the application formula. **

Indicate Medical Option

- National PPO 80%**
- National PPO 90%**
- National PPO 100%**

Indicate Coverage Option

- Employee Only**
- Employee & Spouse/DP**
- Employee & Children**
- Employee & Family**

**Please note that if you will receive a pension through the PBGC, you may be eligible for a subsidy of the COBRA costs through the Health Care Tax Credit -- Website <irs.gov> or by calling the HCTC - 866-628-4282

- PBGC -- www.pbgc.gov -- Phone 800-400-7242 -- *The PBGC recommends 90 days advance notice*

Life Insurance Election For Retirees Who Are Under Age 65

Pilot and Flight Attendants:

- I elect to continue the Basic Life Insurance into Retirement
- I do not wish to continue the Basic Life Insurance into Retirement

For all other employee groups:

- I elect to continue \$35,000 if a FT employee or \$17,500 if a PT employee into retirement.
- OR**

- I elect to continue the Basic Life Insurance of two times annual salary into retirement.
- I do not wish to continue the Basic Life Insurance into retirement.

All employees with Dependant Coverage

- I elect to continue life insurance coverage for eligible dependants as long as they qualify. All life insurance coverage ends on the employee's 65th birthday.

** If the insurance coverage is elected, the applicable cost of coverage will be billed to the employee. Optional Life Insurance is not available to be continued into retirement. However, you may be eligible for conversion. For a conversion form please contact US Airways Benefits Department at 480-693-8699.

Employee's Signature

Date

PLEASE RETURN COMPLETED FORMS WITH REQUIRED SIGNATURES TO:

US Airways Employee Benefits/CH-BEN
4000 E Sky Harbor Blvd.
Phoenix, Arizona 85034
FAX 480-693-8810

Retirement.benefits@usairways.com