Appendix A

UNITEDMedical Certification for Pregnant Flight Attendant

Dear Doctor:

With appropriate medical certification, a United Airlines Flight Attendant may continue to work as a Flight Attendant through the 31st week of pregnancy. We require an initial medical certification upon notification of pregnancy and follow-up certifications at the 28th and 30th weeks.

The certification asks you to attest to the Flight Attendant's ability to safely perform the duties of the Flight Attendant position. To assist you in this evaluation, a copy of the current job description for the Flight Attendant position is attached.

| Initial Certification of Pregnancy This is to certify that | is under my care for pregnancy. on my examination of her, and my on: | | | | | |
|---|--|--|--|--|--|--|
| □She is able □She is NO | Γ able | | | | | |
| to safely perform the essential functions of the Flight Attendant position. File Number: | | | | | | |
| Signature of Health Care Provider/Title | Date | | | | | |
| This signature certifies that this form was completed by th Health Care Provider | е | | | | | |
| Printed or Typed Name of Health Care Provider | Type of Practice | | | | | |
| Address | Telephone Number | | | | | |
| Health Care Provider's Office Hours: | | | | | | |
| Appointment Hours: | | | | | | |
| (To be completed by Health Care Provider) | | | | | | |

Please fax to: United Airlines at (847) 364-2445

Appendix B

28th Week Certification of Pregnancy

| This is to certify that | is under my care for pregnancy Based on my examination of her, and my endant position: |
|--|--|
| □She is able | □She is NOT able |
| to safely perform the essential functions of the | e Flight Attendant position. |
| File Number: | |
| | |
| Signature of Health Care Provider/Title | Date |
| | |
| This signature certifies that this form was comby the Health Care Provider | npleted |
| Printed or Typed Name of Health Care Provide | ler Type of Practice |
| | |
| | |
| Address | Telephone Number |
| | |
| | |
| Health Care Provider's Office Hours: | |
| | |
| Appointment Hours: | |
| (To be completed by Health Care Provider) | |

Note: This form must be faxed to the FASC at 847-364-2445.

30th Week Certification of Pregnancy

| This is to certify that | is under my care for pregnancy. sed on my examination of her, and my position: |
|---|--|
| □She is able | ⊒She is NOT able |
| to safely perform the essential functions of the Flight | Attendant position. |
| File Number: | |
| Signature of Health Care Provider/Title | Date |
| This signature certifies that this form was completed by the Health Care Provider | |
| Printed or Typed Name of Health Care Provider | Type of Practice |
| Address | Telephone Number |
| Health Care Provider's Office Hours: | |
| Appointment Hours: | |
| (To be completed by Health Care Provider) | |

Note: This form must be faxed to the FASC at 847-364-2445.

Appendix G

STATEMENT OF HEALTH

| Name (First, Middle, Last): |
|--|
| (Print) |
| File Number: LOA Return Date: MDY |
| Domicile: SW Phone contact: |
| I am medically able to return to work with no restriction on: MDY |
| Agree Disagree |
| If you agree that you are medically able to return to work without restrictions check the appropriate box, sign and fax this form to WHQUN at 847-364-2445 . |
| If you disagree that you are medically able to return to work (with or without restrictions) check the appropriate box, sign and fax this form along with a completed Absence Certificate from your treating physician to OPCMD at 847-700-2600 no later than your scheduled return to work date. |
| Signature: Date: |
| Retain a copy for your personal records. |

If you believe you need a reasonable accommodation (RAP) for a disability which would not allow you to perform the essential functions of the flight attendant job responsibilities, please contact the FASC at 1-800-FLT-LINE and ask to speak with your assigned supervisor to participate in RAP.

Appendix H

CRIMINAL HISTORY RECORD CHECK CONTINUED DISCLOSURE STATEMENT AND CONSENT

Completion of this form is required for all Flight Attendants returning to A1 active status after any leave of absence/furlough in excess of 31 consecutive days (excluding military LOA). The returning Flight Attendant is solely responsible to prepare and fax the signed copy to 1-847-364-2445. Failure to comply will result in a Line of Flying diagnostic code preventing future flight assignments (unpaid) and disciplinary action, up to and including discharge.

In accordance with Code of Federal Regulations, Title 49, Part 1544.229, employees of airlines, vendors or/and contractors that require unescorted Security Identification Display Area (SIDA) access must obtain authorization for such clearance from the Transportation Security Administration. You previously obtained this clearance by completing a Criminal History Record Check (CHRC) through submission of your fingerprints and supporting documentation. Individuals who have been convicted (see below for definitions of conviction) or have been found not guilty by reason of insanity to any of the following criminal offenses are not granted SIDA badges for unescorted airport access:

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or Flight Attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 LLS C. 46315
- (11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (13) Murder.
- (14) Assault with intent to murder.
- (15) Espionage.
- (16) Sedition.
- (17) Kidnapping or hostage taking.
- (18) Treason.

- (19) Rape or aggravated sexual abuse.
- (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- (21) Extortion.
- (22) Armed or felony unarmed robbery.
- (23) Distribution of, or intent to distribute, a controlled substance.
- (24) Felony arson.
- (25) Felony involving a threat.
- (26) Felony involving --
- (i) Willful destruction of property;
- (ii) Importation or manufacture of a controlled substance;
- (iii) Burglary;
- (iv) Theft;
- (v) Dishonesty, fraud, or misrepresentation;
- (vi) Possession or distribution of stolen property;
- (vii) Aggravated assault;
- (viii) Bribery; or
- (ix) Illegal possession of a controlled substance punishable
- by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).

By signing this form below I acknowledge that, although I previously cleared the Criminal History Record Check (CHRC) by submitting my fingerprints and supporting documentation, I am continually obligated to disclose to United Airlines, within 24 hours, if I am convicted (see below for definition of conviction) or am found guilty by reason of insanity the disqualifying criminal offenses listed above from 12/6/91 up through the date of this application. You have a conviction if you pled guilty, pled nolo contendre, are currently serving probation or have served probation, or are currently participating or have participated in either a pretrial diversion or deferred adjudication process for any of the disqualifying criminal offenses.

I hereby also acknowledge I have read and understand this application. My signature below authorizes any further CHRC activities (background check, supply documentation or fingerprint resubmission) required to obtain and/or retain SIDA access authority.

If I am an employee domiciled at an international location, I acknowledge that I previously signed a Fingerprint Authorization that permitted United Airlines to take my fingerprints and undergo a CHRC. I further acknowledge that it is Company policy to keep information about employees confidential within the limits imposed by law, the results of the CHRC are confidential and access is limited to WHQSE and Company representatives who are required to know. I understand that my fingerprints if re-submitted, will be transmitted and processed in the United States.

| The information I have provided on this application is is provided in good faith. I understand that a knowing | true, complete and c and willful false stat | orrect to the best of rement on this application | ny knowledge ar ation can be pun | nd belief and ished by fine |
|---|--|--|-------------------------------------|--------------------------------|
| or imprisonment (section 1001 of Title 18 United State | es Code). | • • | | |
| Print your name: | File No | Domicile: | SW | |
| Signature: | Scheduled date of r | | Today's date _ | |
| - | | (mm / dd / yy) | (r | mm / dd / yy) |
| Completion disastions: | | | | |

Review and complete all form sections no later than 14 days prior to scheduled end of leave of absence Fax to WHQUN —Flight Attendant Service Center at 1-847-364-2445.

Appendix I

Description of Flight Attendant Job Duties

Overall Duties and Work Environment

Provides high quality customer service to passengers based on market specification and individual needs. This includes, but is not limited to, enroute cabin service and/or ground cabin service to delayed or canceled passengers.

Reads, interprets, demonstrates and provides safety briefings to passengers. Communicates and ensures compliance with company and government safety and security rules and procedures. Required to manage crew and passengers in any potential onboard event, including medical emergencies, assessment of security threats and a variety of difficult situations. Oversees cabin to ensure cockpit access is prevented by unauthorized personnel. Provides leadership, direction, and assistance to passengers and other crew members in stressful, emergency or evacuation situations.

Works in an environment subject to varying climatic conditions and air pressures, turbulence-induced variable positive and negative G loads, changing work locales, variable hours and shifts and working conditions, moderate noise levels, dim lighting, confining spaces and frequent contact with others. May be exposed to radiation levels of three to six millisieverts (mSB) per year at altitude, dry air ranging from 4% to 15% humidity, and ambient altitudes ranging from 4,000 to 8,500 feet. The frequent air pressure changes could predispose certain employees to ear and/or sinus barotraumas.

Specific Duties and Abilities

Proactively assists passengers with stowage (i.e., floor to above shoulder level) of carry-on bags, garments and other belongings. Serves or sells food, beverages and various other amenities in accordance with service standards. Picks up trash, keeps cabin and lavatories tidy. Provides assistance, which could include cardiopulmonary resuscitation, to ill or incapacitated passengers.

Operates mechanical and safety equipment such as oxygen systems, aircraft doors, evacuation slides, fire extinguishers, life rafts, galley equipment, communication and audio/visual equipment and lighting systems. Handles cash and credit transactions for liquor, audio equipment and other sales. Uses computers, including navigation within Windows environments and data entry and retrieval of information using company operated systems. Reads, comprehends, updates and uses technical or specialized information.

Interacts in a professional and friendly manner with clients, coworkers and customers of diverse backgrounds. Works with other crewmembers on a team to ensure all services meet company standards. Takes responsibility and is accountable for commitments and assignments.

Presents a professional image, including a neat, well-groomed appearance as described in United Company Regulations 30-5.

Must be able to speak in a clear, concise, and organized manner, loudly enough to be heard in an emergency. Ability to speak and understand English fluently. Proficiency in a second language highly desirable. Ability to hear all types and ranges of sound. Must meet hearing

and vision requirements as established by the Federal Aviation Administration and the airline.

Ability to use time efficiently and productively. Ability to demonstrate assertiveness and influence, when appropriate. Ability to resolve difficult, emotionally charged or confrontational issues while maintaining composure and focusing on customer needs. Ability to make decisions with little or no supervision, or in the face of rapidly changing events, stress, emergencies or crises. Ability to demonstrate flexibility and adjust easily to new conditions, changing needs and priorities.

Must complete Initial Flight Attendant Training, including Emergency Procedures and annual recurrent emergency training. May be required to complete other training as well.

Physical Requirements

Flight Attendants are required to be able to perform a combination of physical activities in the course of their work day. The types and combination of physical activities that are required may vary from day to day, depending upon job tasks assigned. Some of those activities include the following:

Works in aircraft aisles and galleys for periods of up to fourteen (14) hours or more, performing duties which require standing, walking, climbing, stooping, crouching, squatting, kneeling, reaching, twisting and bending. Such duties may be compromised by unpredictable events such as air turbulence.

Pushes or pulls movable carts. Ergonomic studies show that the initial push/pull force (force required to put a beverage or food cart in motion, at a flat angle) is 29 pounds of force. On a 4 degree angle, the estimated required force is 45 pounds.

Frequently required to use force up to 25 lbs. to lift, push, or pull objects, such as beverage stowage bins. Occasionally required to use 25 to 55 lbs. of force to lift, push, or pull objects. At times, required to use forces greater than 55 lbs. to lift, push, or pull objects. Some of these push, pull, or lifting forces must be performed with the arms at or above shoulder level, such as in the case of closing or opening overhead bins.

Ability to perform tasks that require overall body coordination/balance. Vertical reach of at least 82 inches (2.08 meters) and maximum height of 76 inches.

Education

High school graduate or GED.

Additional Qualifications

Qualifications: Must be able to complete company physical assessing capability to meet Flight Attendant essential functions with our without a reasonable accommodation, drug tests, background checks, the required initial and emergency procedures for Flight Attendants and other pre-employment checks required to obtain SIDA access. Must possess valid passport prior to attending training with thirty (30) months validity remaining prior to expiration.

Appendix J

BENEFITS WHILE ON A LEAVE OF ABSENCE - Reference Chart

| 1. | Sick | Travel Pr | nvileges | Vacation | Senionty | 401(k) | Insurance | | | |
|-------------------------------------|------------------|------------|-------------------------------|----------|--------------------------------------|--------|--|--|------------------------|---|
| | Leave Accrual | UA UAX | 1 - Other 2 - Companion | Accrual | Accrual | | Medical | Dental | Vision | Company Paid Life and Accidental Death & Dismemberment |
| emonom, clust Carl Sheep | | | | | | | | | | |
| Non- Occupational Medical LOA | No | Yes* | 1 – No 2 – Yes | No** | 3 Years | No | Yes+ | Yes+ | Yes | Yes |
| Matemity LOA | No | Yes* | 1 – No 2 – Yes | No** | 3 Years | No | Yes+ | Yes+ | Yes | Yes |
| Personal OA | No | 90 Days | 1 – No 2 – Yes | No | 180 Consecutive Days | No | Max of 18 months if you pay full cost | Max of 18 Months if you pay full cost | Max of 18 Months | Max of 180 days you pay premium |
| pecial OA | No | 90 Days | 1 – No 2 – Yes | No | 180 Days in a rolling calendar month | No | Max of 18 months if you pay full cost | Max of 18 Months if you pay full cost | Max of 18 Months | Max of 180 days you pay premiun |
| Educational COA | No | 90 Days | 1 – No 2 – Yes | No | 270 Days | No | Max of 18 months if you pay full cost | Max of 18 Months if you pay full cost | Max of 18 Months | Max of 180 days you pay premiun |
| Military LOA | No | Yes* | 1 – No 2 – Yes | No | See FA Agreement Section 23.F. | No | First 3 months at employee cost & an additional 21 months at full cost | First 3 months at employee cost & an additional21 months at full cost | Max of 24 Months | Max of 180 days you pay premiun |

Vacation continues to accrue only if medical leave is due to occupational injury or illness

Travel on UA and United Express must be completed within 90 days from effective date of leave ***

Company, SW, Pay and date of employment seniority will be adjusted after 180 days ***

Medical continues if you pay the monthly employee contribution.

Note:

Two consecutive 30-day ANP periods revert to a Personal Leave of Absence. Additionally, any ANP which adjoins a LOA is treated as an extension of the LOA. If a 30-day ANP precedes a Special Leave; the effective date of the leave is retroactive to the start of the ANP. This may affect seniority, employee pass travel and insurance.

The above chart summarizes how LOA status affects benefits. Although United expects to continue to offer these benefits, the Company reserves the right to modify, reduce, change or terminate all or any part of any of these benefit plans (subject to the terms of your AFA collective bargaining agreement). This summary chart is not meant to supersede any plan documents which govern these benefits. In case of conflict, the actual plan documents always control.

Appendix K

Leave of Absence Return To Work Checklist

Flight Attendants must contact the FASC at least 30 days prior to return to work date. The following actions must be completed in order to return to work as scheduled.

| Flight Attendant Functions | Date Accomplished |
|---|--------------------------|
| Company Medical Clearance (Send medical clearance to OPCMD at least 30 days prior to return) | |
| Complete Criminal History Record Check Continued Disclosure (Form attached in this booklet; complete and fax to FASC at 847- 364-2445) | |
| Uniform Requirements | |
| Ensure Passport is current & Obtain Required Visa(s) (prior to return) | |
| Procure Security Identification Display Area (SIDA) Badge/Parking Badge | |
| Ensure FAOM is up-to-date | |
| Appearance Check with Domicile Supervisor (In complete uniform prior to first trip) | |
| Review numbers in FDUG/FDEM (for accuracy) | |
| Return to Work Briefing (at Domicile) | |

Appendix L

Resource Reference List

- ❖ Bid packet online: http://airline.compuserve.com/ual/default.asp
- Company Medical (OPCMD) 847-700-2600 (FAX)
 (All Medical documentation excluding Family Leave paperwork and ESF forms)
- ❖ CNA 1-800-339-9527 (Long-Term Care Insurance Plan)
- ❖ Credit Union at Self-Service Telephone 773-462-2100 or 1-800-482-5328
- ❖ Credit Union at Telecenter 1-800-328-1935
- FAOM Coordinator 847-700-1160
 (To order a new FAOM prior to training)
- Flight Attendant Service Center (FASC) 1-800-FLT-LINE (1-800-358-5463) Option 4, 4
- Flight Attendant Service Center (FASC) 847-364-2445 (FAX)
 (Military Orders, Maternity Pregnancy Certificate and CHRC form)
- Fidelity 1-800-245-9034 or <u>www.401k.com</u>
- MetLife 1-800-Get-Met8 (1-800-438-6388)
 (Group Universal Life Insurance Plan)
- Pension Benefit Guaranty Corporation (PBGC) 1-800-400-7242 (Refer to case #19962800)
- ❖ Retirement Service Center 1-800-482-5236
- United Benefits Service Center (UBSC) 1-888-825-0188 (Insurance, travel eligibility, COBRA, medical or dental benefits)