



Assignment and Authorization

For Checkoff of ALPA Sponsored Insurance Premiums

To: Kalitta Air

I, _____, hereby authorize Kalitta Air to deduct from my earnings once each month insurance premiums as purchased through and specified by the Association. Such amount so deducted is here by assigned to Air Line Pilots Association, International, subject to the provisions of the applicable insurance master contracts. This assignment and authorization may be revoked by me in writing after the expiration of one (1) year from the date hereof. Any such revocation will be sent by me to the Air Line Pilots Association, International, with a copy to Kalitta Air.

This form does not revoke an existing check-off form unless and until it has been duly executed by the employee.

ALPA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employee Number: _____

Signature: _____

Date: _____

Email: Insurance@alpa.org

Fax: 703-464-2125

Mail: Air Line Pilots Association, Int'l
c/o Member Insurance Department
7950 Jones Branch Drive, Suite 400S
McLean, VA 22102

Disclosure Statement Required by Federal Tax Law

Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.