



CHECKOFF FORM

*Assignment and Authorization for Voluntary Payroll  
Deduction of Premiums for Air Line Pilots Association-Sponsored Insurance  
(ICO)*

**TO: Endeavor Air, Inc.**

I, \_\_\_\_\_, hereby authorize and direct **Endeavor Air, Inc.** to deduct from my earnings in the first paycheck each month, insurance premiums as specified by the Association. Such amount so deducted is hereby assigned to the Air Line Pilots Association, International, subject to the provisions of the applicable insurance master contracts.

I may revoke this assignment and authorization in writing at any time. I will send any such revocation to the Air Line Pilots Association, International.

ALPA Member Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Number \_\_\_\_\_ Domicile \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please Return this Form to ALPA Member Insurance Department.***

E-mail: Insurance@alpa.org  
Fax: 703-464-2125  
Mail: Air Line Pilots Association, Int'l  
c/o Member Insurance Department  
7950 Jones Branch Drive Ste 400S  
McLean, VA 22102

***Disclosure Statement Required by Federal Tax Law***  
*Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.  
However, they may be tax deductible as ordinary and necessary business expenses.*

**SAVE**

**PRINT**

**SUBMIT**

**CLEAR**