



CHECKOFF FORM

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

TO: DELTA AIR LINES, INC.

I, _____, hereby authorize and direct Delta Air Lines, 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

***ALPA will then forward it to the Delta Air Lines, Inc. Payroll Department.**