



CHECKOFF FORM

*Assignment & Authorization for Voluntary Payroll
Deduction of Premiums for Association-Sponsored Insurance*

TO: Hawaiian Airlines, Inc.

I, _____, hereby authorize and direct Hawaiian Airlines, Inc. to deduct from my earnings once each month insurance premiums as specified by the Association. Such amount so deducted is hereby 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 with a copy to Hawaiian Airlines Payroll Department.

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 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.

However, they may be tax deductible as ordinary and necessary business expenses.

SAVE

PRINT

SUBMIT

CLEAR