



CHECKOFF FORM

*Assignment and Authorization for Voluntary Payroll  
Deduction of Premium for Air Line Pilots Association-Sponsored Insurance*

TO: ALASKA AIRLINES

I, \_\_\_\_\_, hereby authorize and direct Alaska Airlines to deduct from my earnings once 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.

This assignment and authorization may be revoked by me in writing at any time. Any such revocation will be sent by me to the Air Line Pilots Association, with a copy to the Alaska 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 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**