



Assignment and Authorization for Check-Off of ALPA Insurance Premiums

TO: PIEDMONT AIRLINES, INC:

I, _____, hereby authorize and direct Piedmont Airlines, Inc. ("Piedmont") to deduct from my earnings in the first paycheck each month, insurance premiums as specified by the Air Line Pilots Association, International. 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, and I understand that ALPA will then forward it to Piedmont Airlines, Inc.

Signature: _____

Street/P.O. Box No.: _____

City: _____ State: _____ Zip: _____

ALPA Number: _____ Employee Number: _____

Date: _____

Please return this form to the ALPA Member Insurance Department.

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.