

*This form should be filled out at the PHPA office at the time of enrollment.  
You may fill in your name in this interactive PDF beforehand.*

Date: \_\_\_\_\_

My employer, **Amentum Services**, is hereby authorized to make the following deductions from my salary for the purpose of paying and remitting premiums as due to UNUM Insurance, CGI, and/or AFLAC through the Professional Helicopter Pilots Association.

	<u>Annual \$</u>	<u>Monthly</u> \$ ÷12	<u>Per Pay Period</u> \$ ÷26
Life Insurance	\$ _____	\$ _____	\$ _____
Disability Insurance	\$ _____	\$ _____	\$ _____
AFLAC	\$ _____	\$ _____	\$ _____
ACW (Accident/Critical Care/Whole Life)	\$ _____	\$ _____	\$ _____
CGI (Heart/Stroke/Cancer)	\$ _____	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

Please rescind all previous insurance deduction authorizations and replace with the above amounts.