

REQUEST TO CHANGE PAYROLL DEDUCTION

To: West Gulf Maritime Association
1717 East Loop, Suite 200
Houston, Texas 77029

I hereby request that you discontinue to following payroll deductions (please check the box of the payroll deduction to be discontinued):

- AFLAC Insurance
- American Heritage Life Insurance
- CAIC Insurance
- Colonial Insurance
- Conesco Health Insurance Company
- EMC Insurance
- Pre-paid Legal Services, Inc.
- PRINCOR
- Professional Life Insurance Co.

Name: _____
(please print)

Social Security #: _____

Address

City

State

Zip

ILA. Local # _____

Work Number: _____

Date

Signature

To return by facsimile: send to 855-715-1717