INSTRUCTIONS

- 1. Fill out form legibly and completely (forms not filled out completely will be returned to the employee.)
- 2. If applicable, attach marriage certificate, birth certificate, court documents for adopted children and adopted parents along with this form.
- 3. Honolulu-based employees will receive a letter notifying them the Employee Travel Card is ready for pick-up at the Pass Bureau.
- 4. All other employees will receive their Employee Travel Card through their department secretary.
 - Full-time employees are eligible for travel benefits on HA after the employee completes three (3) months of continuous service. (This includes employee's spouse and dependent children.)
 - Part-time employees are eligible for travel benefits on HA after the employee completes six (6) months of continuous service. (This includes employee's spouse and dependent children.)
 - Parents are eligible for travel benefits on HA after the part-time and full-time employee completes one (1) year of continuous service.

If you have any questions filling out this form, please contact Pass Bureau at (808) 835-3645.



Employee Signature

HAWAIIAN AIRLINES, INC. TRAVEL BENEFITS INFORMATION FOR ELIGIBLE MEMBERS Employee Travel Card

New application	
Expired Travel Card	
Lost/Stolen card	
Update Information	
Spouse Card	
·	
Please indicate if you a	re:
PART.TIME	

CHECK ONE

'	Employee Travel Card			Spouse Card		
					Please indicate if you are:	
					PART.TIME FULL.TIME	
LEASE PRINT OR TYPE						
mployee Name:						
	(LAST)	(FIRST)		MIDDLE)		
ate of Hire:	Employee #:	Title/Lo	cation #			
		ENDENTS/FAMIL				
	provide the following doc				Bureau.	
Legally married spouse Dependent children/ste		 → Must provide married certificate → Must provide birth certificate & court documents for adopted of 				
	ependent children/step/adopte				documents for adopted chil	
19 through age 23 clain	ned on individual tax-return.					
First Name	Last Name	Relationship	Date of Birth	Age	Social Security No.	
	PARE	NTS OF EMPLOY	EES			
	Parents are defined as mother,	father, stepmother, s	stepfather or adopte			
(Must provide court docum	nents for adopted parents alon	ig with this form) (<u>No</u>	more than two pare	ents are el	igible for travel benefits.)	
First Name	Last Name	Relationship	S	Social Security No.		
Mailing Address:						
First Name	Last Name	Relationship	S	Social Security No.		
	1	_ L	<u> </u>			
Mailing Address:						
	oe listed in Sabre STARS to de			ndents/far	nily members. Please check	
our STARS record (N*EMP#)	to ascertain the information su	ubmitted has been co	orrectly inputted.			
nereby certify that the above	information is true and correct	and agree to report i	mmediately to the F	Pass Bure	au any changes in status of	
	ss privileges or loss of card. I understand that any abuse of the					
sciplinary action up to and in		iavei piiviieges by III	c or my engible dep	011001113/16	amily members will result III	

Date