

To:
Hawaiian Airlines
Attn: Pass Bureau
Hawaiian Airlines
P.O. Box 30008
Honolulu, HI 96820-0008

ELIGIBILITY FOR TRANSPORTATION ON HAWAIIAN AIRLINES
For Widow/Widowers and eligible dependents up to age 21

I hereby certify that I am the Widow/Widower of Hawaiian Airlines deceased employee: _____

I also certify that the following are the children of HA deceased employee and which are unmarried and wholly dependent on me:

<u>Name</u>	<u>Sex</u>	<u>Birthday</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that should I remarry, I will no longer be eligible for transportation. The above listed children will not be eligible for such transportation upon attaining age 21 and when they are no longer dependent on me. If requested by the Company, I will submit my tax return as proof that I claim the above as my dependents.

I will notify the Hawaiian Airlines People Services Group of any change in my marital status or the status of the children.

Print Name

Signature

Address _____

Phone number: _____

Social Security number _____