

**Union Pacific
Payroll Deduction Authorization
C.P.A. Insurance Company**

To: C.P.A Insurance Company
P.O. Box 250010
West Bloomfield, Michigan 48325-0010

Date: _____

BLET Division # _____ **Secretary Treasurer** _____

I hereby authorize the BLET Division (BLET) to deduct from my wages earned the 2nd half pay period of each month the premiums due on my policy(ies) in the amounts so instructed by C.P.A. Insurance Company (C.P.A.), and transmit the sum(s) deducted to C.P.A. I further authorize BLET to appropriately adjust the amounts deducted from my wages based on subsequent notification from C.P.A.

I understand and agree that C.P.A. is not in any way affiliated with BLET; that BLET has no control over the management or operation of C.P.A.; and the BLET has no responsibility for the application, use or handling by C.P.A. of the wages deducted pursuant to this authorization and transmitted to C.P.A. This authorization can only be canceled by written notice to C.P.A. However, I understand that it may take BLET two pay periods to modify or cancel any deductions previously authorized by me.

I hereby also agree to indemnify and hold BLET harmless from any and all liability or damages I and my heirs may incur which in any way relate to amounts deducted, or not deducted, from my wages by BLET.

Signature of Employee

BLET Division #

Name in Full (print)

Employee #

Social Security #

Home office use only:

Policy #

Deduction Amount