

BNSF
Payroll Deduction Authorization
C.P.A. Insurance Company

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

Date: _____

I hereby authorize The Burlington Northern and Santa Fe Railway Company (BNSF) to deduct from my wages earned the second half of each month the premiums due on my policy(ies) in the amounts so instructed by C.P.A. insurance Company (CPA), and transmit the sum(s) deducted to C.P.A. I further authorize BNSF to appropriately adjust the amounts deducted from my wages based on subsequent notification from C.P.A.

I Understand and agree that CPA is not in any way affiliated with BNSF; that BNSF has no control over the management or operation of CPA; and the BNSF has no responsibility for the application, use or handling by CPA of the wages deducted pursuant to this authorization and transmitted to CPA. This authorization can only be canceled by written notice either to CPA or to the Payroll Deduction Department of BNSF. However, I understand that it may take BNSF two pay periods to modify or cancel any deductions previously authorized by me after BNSF's receipt of my written notice.

I also understand that the payroll deductions by BNSF are being done solely for my convenience, and that the products and services being offered by CPA are not any type of employee benefits being offered or recommended by BNSF; that BNSF does not require or encourage my participation in the purchase of such products or services; that the BNSF does not endorse or sponsor CPA's products and services; and that such products and services are not considered an ERISA Plan of BNSF.

I hereby also agree to indemnify and hold BNSF 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 BNSF.

Signature of Employee

Location

Name in Full (print)

Position

610-001

Social Security #

Deduction Code

Reference Number

Employee #

Amount to Deduct