

**Norfolk Southern
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 Norfolk Southern Railroad(NS) to deduct from my wages earned the first half pay period 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 NS 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 NS 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 NS. However, I understand that it may take NS two pay periods to modify or cancel any deductions previously authorized by me after NS's receipt of my written notice.

I also understand that the payroll deductions by NS 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 NS; that NS does not require or encourage my participation in the purchase of such products or services; that the NS does not endorse or sponsor CPA's products and services; and that such products and services are not considered an ERISA Plan of NS.

I hereby also agree to indemnify and hold NS 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 NS.

Signature of Employee

Location

Name in Full (print)

Position

Social Security #

Employee #

Policy #

Amount to Deduct