

C.P.A. Insurance Company  
Established in 1907



P.O. Box 250010, West Bloomfield, Michigan 48325-0010

**RIF / MEDICAL APPLICATION FOR REINSTATEMENT**

I, \_\_\_\_\_, hereby make application for reinstatement of  
CPA policy # \_\_\_\_\_ that I allowed to lapse while not working.

I returned to work on \_\_\_\_\_, 20\_\_\_\_ and certify that I am in good  
standing with the railroad company.

I am enclosing \$ \_\_\_\_\_ in payment of \_\_\_\_\_.  
(current month)

Signature : \_\_\_\_\_

Address : \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

.....  
This form MUST be mailed directly to the home office within 30 days after returning to work.  
This form CANNOT be accepted by any collector or collecting agency.  
.....

FORM OF PREFERRED PAYMENT (please check one):

\_\_\_\_\_ Payroll deduction for BNSF Employees only.

\_\_\_\_\_ Billing notice of premium. (This plan is available to those policy holders who pay  
1, 3, 6 or 12 months premium at a time.)

\_\_\_\_\_ Pre-authorized check plan. (Signed authorization form to enable CPA to prepare drafts  
to deposit through your banking connection. Discount is given on the final check in  
series of twelve.)