



P. O. Box 250010, West Bloomfield, Michigan 48325-0010
1-800-432-8245

R I F / MEDICAL AGREEMENT

I hereby request that my CPA Policy No. _____ be placed on a Reduction In Force (RIF) / Medical Plan during the time that I am a not working due to _____.
(reason)

IT IS UNDERSTOOD AND AGREED THAT:

- (1) If this request is received prior to the 15th of the month, this agreement will be effective from the first of the current month, provided the previous month's premium has been paid;
- (2) If this request is received after the 15th of the month, this agreement will be effective from the first of the following month, provided the current month's premium has been paid.

It is also understood and agreed that during the period this agreement is in effect, the policy is not in force and all protection thereunder is terminated and will be reinstated by the Company only on receipt of the Application for Reinstatement after returning to work for the railroad company.

Premium for the current month must accompany the application.

Signature: _____

Print Name: _____

Date: _____