

**PAYROLL DEDUCTION STATEMENT / OPT-OUT FROM PZU GROUP LIFE
INSURANCE**
(delete as appropriate)

Employer Name:	Bridgestone Europe NV/ SA Spółka Akcyjna Oddział w Polsce
Please use BLOCK CAPITAL LETTERS	Employee's name and surname: Employee's PESEL number: ID: <i>(if no PESEL number – date of birth)</i>

If you want to join:

INDICATE THE OPTION

→ Mark "X" next to the selected package if you want to add family members (if you want to add an adult child – indicate the number of enrolling children)

→ Sign document

PAYROLL DEDUCTION AUTHORIZATION FORM PZU LIFE INSURANCE

I hereby AGREE THAT THE PREMIUMS specified below will BE DEDUCTED on a monthly basis from my salary by the Employer and transferred to the account of PZU Życie S.A.:

BASIC PACKAGE P PLUS <i>EMPLOYEE</i>				
Variant	Premium	Division of contributions		INDICATE THE OPTION
OPTION 1	60 PLN	59 PLN	Premium financed by BRIDGESTONE	X
		1 PLN	Premium financed by EMPLOYEE	

BASIC PACKAGE P PLUS <i>FAMILY MEMBER</i>				
Variant	Premium	INDICATE THE OPTION		
		Spouse or Partner	Adult child /The number of joining children	
OPTION 2	65 PLN			
OPTION 3	47 PLN			

ADDITIONAL PACKAGES FOR EMPLOYEE AND FAMILY MEMBERS						
Additional variants	Option	Premium	INDICATE THE OPTION			
			Employee	Spouse or Partner	Adult child /The number of joining children	
CHILD PROTECTION OPTION	I	10 PLN				
	II	16 PLN				
	III	24 PLN				
CANCER SUPPORT OPTION	I	12 PLN				
	II	17 PLN				
	OPTION (I + II)	29 PLN				
FAMILY SUPPORT OPTION	I	5 PLN				
	II	10 PLN				
	III	15 PLN				
ACCIDENT SUPPORT OPTION	I	6 PLN				
	II	10.50 PLN				
	III	14.50 PLN				

.....
Date and Employee's signature

<p>If you do not want to join the program</p> <p>→ Sign the resignation</p>	<p align="center">RESIGNATION FROM PZU GROUP LIFE INSURANCE</p> <p>I declare that I have been informed by the Employer about the possibility of joining the group life insurance program at PZU, financed by the Employer.</p> <p>I hereby do not wish to use the above option and voluntarily resign from group life insurance with PZU.</p> <p>If I change my decision, I will inform the Employer in writing and complete the appropriate documents entitling me to join to the PZU life insurance program.</p> <p align="center">..... <i>Date and Employee's signature</i></p>
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