

**PAYROLL DEDUCTION STATEMENT / OPT-OUT FROM PZU GROUP LIFE INSURANCE**

(delete as appropriate)

<b>Employer Name:</b>	<b>BRIDGESTONE EUROPE NV/SA Spółka Akcyjna Oddział w Polsce</b>
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<b>Please use BLOCK CAPITAL LETTERS</b>	<b>Employee's name and surname:</b> ..... <b>Employee's PESEL number:</b> ..... identification number: ..... <i>(if no PESEL number – date of birth)</i>
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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 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. Additionally, I am aware that a personal income tax will be deducted from the amount of 59 PLN funded by the employer.

BASIC PACKAGE P PLUS <u>EMPLOYEE</u>					
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 <u>FAMILY MEMBER</u>					
Variant	Premium	INDICATE THE OPTION			
		Spouse or Partner	Adult child ( Write the number of children joining the insurance)		
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 ( Write the number of children joining the insurance)
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			
HEART SUPPORT OPTION	I	10 PLN			
	II	20 PLN			
	III	30 PLN			

.....  
*Date and Employee's signature*

If you do not want to join the program

→ Sign the resignation

**RESIGNATION FROM PZU GROUP LIFE INSURANCE**

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.

I hereby do not wish to use the above option and voluntarily resign from group life insurance with PZU.

If I change my decision, I will complete and deliver to HR Department the appropriate documents entitling me to join to the PZU life insurance program.

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*Date and Employee's signature*