

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

(delete as appropriate)

Employer Name:	Bridgestone Poznań Sp. z o.o.
Please use BLOCK CAPITAL LETTERS	<p>Employee's name and surname:</p> <p>Employee's PESEL number:..... identification number:</p> <p><i>(if no PESEL number – date of birth)</i></p>

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				

.....

Date and Employee's signature

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.

Date and Employee's signature

**If you do not
want to join the
program**

→ Sign the resignation