

NAME (PLEASE PRINT)

LAST FIRST MIDDLE

ADDRESS

NO. STREET CITY STATE

WIFE'S OR HUSBAND'S NAME AGE CHILD'S NAME AGE CHILD'S NAME AGE CHILD'S NAME AGE

NAME OF EMPLOYER

NORTHERN PACIFIC RAILWAY COMPANY

DATE EMPLOYED DEPARTMENT OCCUPATION AVERAGE MONTHLY INCOME PAYROLL NUMBER

\$

REGULAR DEDUCTION

PLEASE CHECK

- NEW MEMBER
- FORMER MEMBER
- PRESENT MEMBER

DATE CARD SIGNED _____

\$

PLEASE DO NOT WRITE HERE—FOR COMPANY USE ONLY

FILE NUMBER	EFFECTIVE DATE	MONTH BILLED	PREMIUM	TOTAL
	HOSP.	HOSP.	HOSP.	
	A & H	A & H	A & H	

FORM 249-CF—N. P.

AGENT'S NAME OR STAMP

A & H HOSP.

482

PAYROLL DEDUCTION AUTHORITY

PAYROLL NUMBER



THERE IS NO JOINING FEE

DEPARTMENT

SIGN HERE →

I, _____

ACCEPT THE PLAN OF BENEFITS PROVIDED BY THE INDUSTRIAL DIVISION OF THE BENEFIT ASSOCIATION OF RAILWAY EMPLOYEES, CHICAGO, ILLINOIS, AND AUTHORIZE MY EMPLOYER

NORTHERN PACIFIC RAILWAY COMPANY

NAME OF EMPLOYER LOCATION

TO MAKE NECESSARY DEDUCTION FOR IT FROM MY SALARY OR WAGES, THIS ORDER IS TO REMAIN IN EFFECT UNTIL CANCELLED BY WRITTEN NOTICE FROM ME, TO MY EMPLOYER.

DATE SIGNED

