

AUTHORIZATION TO DEDUCT

TO: PNP FINANCE SERVICE

Please deduct an amount of _____ P _____
 from my monthly payroll effective _____ and every month thereafter, representing my
PSMBFI Members Equity Plan and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows:

OPTION	AMOUNT	OPTION	AMOUNT	OPTION	AMOUNT
Option 50	50.00	Option 400	400.00	Option 800	800.00
Option 100	100.00	Option 500	500.00	Option 900	900.00
Option 200	200.00	Option 600	600.00	Option 1,000	1,000.00
Option 300	300.00	Option 700	700.00		

SIGNATURE: _____ UNIT ASSIGNMENT: _____

RANK & NAME: _____ ACCOUNT NO.: _____ DATE: _____

TO: PNP FINANCE SERVICE

Please deduct an amount of _____ P _____
 from my monthly payroll effective _____ and every month thereafter, representing
PSMBFI Burial Assistance Benefit Plan and remit the same to Public Safety Mutual Benefit Fund, Inc. as follows :

OPTION	COVERAGE
P 32.00	P 42,000.00
P 16.00	P 21,000.00

SIGNATURE: _____ UNIT ASSIGNMENT: _____

RANK & NAME: _____ ACCOUNT NO.: _____ DATE: _____

That I fully understand that the insurance premium is a contract between the insurance company and the undersigned, hereby assume all the obligation that may arise thereof and hereby understand that the PNP FS is not privy to the contract of insurance premium executed with the insurance company but is merely authorized pursuant to GAA to deduct the premium from the salaries of the employees.

 Signature over Printed Name of Insured

Thumbmarks

SUBSCRIBE AND SWORN to before me this _____ day of _____ at _____ Philippines.