

Brotherhood of Railroad Members Fraternal Benefit Association, LLC
PO Box 599, Fitzgerald, GA 31750
1.800.458.1442\ (229) 423-6768
Job Protection Application for Membership

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Phone # _____ () _____ E-mail _____

Seniority Date _____ Employed by _____

DOB _____ ID# _____

SUSPENSION HISTORY

Give the date and reason for any previous suspension or deferred suspension.

+ IF NONE, CHECK HERE

| Date | No. of days served | Reason |
|------|--------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

Are you on probation at this time? Yes / No

Is there any occurrence pending that may result in suspension/discipline? Yes / No

If yes, explain:

***NOTICE: ANY FALSE INFORMATION WILL VOID ALL PROTECTION BENEFITS.**

| Amount per Day | Cost per Month | Six Months 5% Disc. | Twelve Months 10% Disc. | Yearly Savings |
|-----------------------|-----------------------|----------------------------|--------------------------------|-----------------------|
| \$25.00 | \$12.00 | 68.40 | 129.60 | 14.40 |
| \$30.00 | \$14.40 | 82.08 | 155.52 | 17.28 |
| \$35.00 | \$16.80 | 95.76 | 181.44 | 20.16 |
| \$40.00 | \$19.20 | 109.44 | 207.36 | 23.04 |
| \$45.00 | \$21.60 | 123.12 | 233.28 | 25.92 |
| \$50.00 | \$24.00 | 136.80 | 259.20 | 28.80 |
| \$55.00 | \$26.40 | 150.48 | 285.12 | 31.68 |
| \$60.00 | \$28.80 | 164.16 | 311.04 | 34.56 |
| \$65.00 | \$31.20 | 177.84 | 336.96 | 37.44 |
| \$70.00 | \$33.60 | 191.52 | 362.88 | 40.32 |
| \$75.00 | \$36.00 | 205.20 | 388.80 | 43.20 |
| \$80.00 | \$38.40 | 218.88 | 414.72 | 46.08 |
| \$85.00 | \$40.80 | 232.56 | 440.64 | 48.96 |
| \$90.00 | \$43.20 | 246.24 | 466.56 | 51.84 |
| \$95.00 | \$45.60 | 259.92 | 492.48 | 54.72 |
| \$100.00 | \$48.00 | 273.60 | 518.40 | 57.60 |

A Certificate of Membership will be issued upon approval of application. As a member I agree to be bound by the complete acceptance of all terms, conditions or provisions set forth by the BRMFBA, LLC. If these provisions are not agreeable, I will return the certificate within thirty (30) days for a full refund. I also certify that all statements, answers or information is true without concealment.

**CSX, NS, or BNSF
 Authorization for Payroll
 Deduction**

YES NO (please circle one)

 Signature of Applicant

 Date