

ENROLLMENT FORM

***Voluntary Disability Insurance and "Dead Head" Coverage
through Reliance Standard Life
Norfolk Southern Railroad***

Member Name (Please print) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____

BLET Division # _____ Employee ID # _____

Social Security # _____ Date of Birth _____ Sex _____

Annual Income last year (including all overtime) _____

Occupation _____ Date of Hire _____

Effective Date of Coverage _____

E-mail address _____

I wish to enroll in the disability insurance program and the "Dead Head" coverage through Reliance Standard Life and authorize Norfolk Southern Railroad to make the necessary deduction.

Signature _____ Date _____

Mail the completed form, in the business reply envelope to:

**Railroad Marketing Specialists
PO Box 787
Santa Clara UT 84765**

Or Fax the completed form to: (435) 688-1338