

Yes, **I want to participate voluntarily**
and contribute to the **TEAMMATE ASSISTANCE FUND**

Name: _____

U.I.D.: _____

Signature: _____

Date: _____

PAYROLL CONTRIBUTION OPTIONS (CODE 43T)
*** (please select one payroll deduction option)***

Please withhold a percentage of my gross salary each pay period:

_____ % (Please indicate the appropriate percentage)

OR

Please withhold a fixed dollar amount each pay period:

\$_____ (Please indicate the appropriate dollar amount)

Deductions will be made each pay period. Deductions will begin as soon as practicable after receipt of this notice in Payroll Services, not on a retroactive basis, and of free will without reprisal. Any paid contributions made are irrevocable. You may revoke this authorization at any time by completing a TAF Contribution Revocation Form and returning it to the TEAMMATE ASSISTANCE FUND at the address below.

ONE TIME CONTRIBUTION OPTION

(Check or Money Order – No Cash Please)

\$_____ Enclosed

_____ **Check here if one-time contribution will be made via payroll deduction**

PLEASE REMIT THIS FORM TO:
TEAMMATE ASSISTANCE FUND
TeammateAssistanceFund@bfusa.com
200 4th Avenue South
Nashville, TN 37201