FEDERAL BUREAU OF INVESTIGATION

RYMUR
(JONESTOWN)

SOCIAL SECURITY & PENSIONS
F-3
BUFILE:89-4286
BULKY 2018

SUBJECT RYMUR

FILE NUMBER BUFILE 89-4286

SECTION NUMBER

SERIALS BULKY 2018

TOTAL PAGES 590

PAGES RELEASED 590

EXEMPTION(S) USED b6 + b7C

F-3 SOCIAL SECURITY + PENSIONS

F-3

Your social security check... while you're outside the United States

U.S. Department of
Health, Education, and Welfare
Social Security Administration
HEW Publication No. (SSA) 77-10137
July 1977

Your social security check...
while you're outside the United States

The information in this booklet is important to you while you remain outside the United States. It tells about your social security checks, how your absence from the U.S. may affect your social security payments, when and what you should report to us, and other things you should know.

The list on the next page shows when you, or someone acting for you, should notify us. Take a few minutes to read over the list. Then, if one or more of the items may affect you, turn to the page indicated for more detailed information. You don't need to read about any item that doesn't concern you now or may never concern you. But keep this booklet in a handy place and refer to it from time to time so that you don't overlook anything.

If you want more information about social security than is given in this booklet or you need help on a social security matter, contact any U.S Foreign Service post. The people there will be glad to help you. If you prefer, you can write us directly. It's best to airmail your letter. Our address is:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203
U.S.A.

Be sure to include the social security claim number on which you are receiving benefits whenever you write to us.

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You should report promptly if:

1 You change your address. (Page 7)
2 You work or go into business before you reach 72. (Page 8)
3 *You change your citizenship. Citizens of* certain countries can't get social security checks after they've been out of the U.S. for 6 months. (Page 9)
4 You enter a country where we can't send checks: Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, Vietnam, or People's Republic of China. (Page 10)
5 You get benefits because you are disabled and your condition improves or you return to work. (Page 11).

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7 You die. (Page 13)

In addition to reporting items 1 through 7, wives, widows, and other dependents or survivors who get benefits should also report:

8 Marriage. (Page 14)
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If you're *not* a U.S. citizen, it would be a good idea to read page 22 about how your absence from the U.S. will affect your checks.

Your social security checks

Your social security check is usually dated the third of the month. It's payment for the month before. For example, a check dated May 3 is payment for April.

It usually takes longer to deliver checks outside the U.S. because of the longer distances and extra handling needed. Delivery time varies from country to country and your check may not arrive the same day each month. Sometimes something may happen which will cause an extra delay. If you don't get your check after a reasonable waiting period, contact the nearest U.S. Foreign Service post or write directly to us. We'll find out what happened and see that you get your check as quickly as we can.

If you're in the U.S. now and plan to be out of the country less than 3 months, you might want your checks to stay in the U.S. The people at any social security office can help you make this arrangement.

If you stay abroad 3 months or more, your checks will generally be mailed to where you're living.

Social security benefits aren't taxable in the United States. But foreign governments can, and often do, tax your social security. If you're planning to go abroad, you can find out about taxes in a foreign country at that country's embassy in Washington, D.C. Social security benefits are calculated in United States dollars and there is no provision for increasing or decreasing them because of changes in international exchange rates.

If you lose your check —If you lose your check or if it's stolen or destroyed, contact the nearest U.S. Foreign Service post or write us directly. We can replace your check, but it takes time, so keep your check in a safe place until you cash it.

Cashing checks—We think it's a good idea to cash your checks promptly so they don't get lost or stolen. You're the only one who can endorse your check. If your check is made out to you and your wife or husband, both of you must sign it.

It is a good idea to wait until you are with the person who will cash your check before signing it. If you endorse a check and someone else gets hold of it, that person can cash it. We think you may find it easier to cash your checks the same place every month.

Annual questionnaire

Each year we send a questionnaire for you to fill out and return to us. This lets us know that you're still eligible for your checks. The instructions on the form tell you exactly how it should be completed. If we don't get it back your checks might stop.

How to report

You can make your report on the pre-addressed post-card form (SSA-1425F) you were given. If you don't have the form or if what you want to report isn't on it, you can report by letter or in person, whichever you prefer. You can go to any U.S. Foreign Service post to make your report.

It'll help us if you include all of the following details on your reports:

- Name of person or persons about whom the report is being made.
- What is being reported.
- Date it happened.
- Your signature and address.
- The correct claim number the social security benefits are being paid under. The claim number has nine digits (000-00-0000) and is followed by a letter (A, B, C, D, etc.). It's shown on all letters we send you.

What to report

The remainder of this booklet gives detailed information about when and what you're to report to us. It's important to report promptly to protect your own interests.

If you fail to report something or if you make a false statement about it, you can be penalized by a fine or imprisonment. You can also lose some of your checks if you don't report to us on time.

1 Change of mailing address

It's very important that you tell us of any change in your mailing address so your checks won't be delayed. Please type or print your complete address carefully, including any postal code number and the country. You can abbreviate any long words. Your notice should include the social security claim number on which you are receiving benefits and the names of all people who get checks at the new address.

Send your notice to us by airmail.

We'll have the address changed on your checks as soon as we get the notice. Usually, if we get your notice by the 10th of the month, your new address will be on the next month's check.

If you get your checks through a U.S. Foreign Service post, tell them about your new address, too. They will make sure your next check gets to you at the new address.

2 Work outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—notify us right away. It's in your best interest to tell us, even though you don't think your work or business will affect your social security checks. By "work," we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

We can't explain in this booklet all of the details about how your checks may be affected. When we get your notice, we'll send you a form to fill out. The information you put on the form will help us decide whether your work or business will affect your checks. We'll let you know as soon as we can.

Send your notice to us airmail.

If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work *is* covered by the U.S. social security program, the same annual retirement test will be applied as is applied to beneficiaries in the U.S. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

3 Absence from the U.S.

If you are a U.S. citizen or a citizen of any country listed on page 22, your checks will keep coming no matter how long you stay outside of the U.S. This is true except for visits to Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

If you're neither a U.S. citizen nor a citizen of a country listed on page 22, your checks will stop after you've been outside the U.S. for 6 months. But they'll keep coming if you meet one of the conditions listed under exceptions 2 and 3 on pages 22 and 23.

You're "outside the U.S." if you're not in one of the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, or American Samoa. This is true even if you have a reentry permit and plan to return to your permanent home in the U.S.

Once you're away from the U.S. for 30 days in a row, you are considered to be outside the country until you return and stay in the U.S. for at least 30 days in a row. Your checks stop after you've been "outside the U.S." for 6 months, unless you meet one of the exceptions described on pages 22 and 23.

Once your checks are stopped because of the 6-month rule, they can't be started again until you come back and stay in the U.S. for a whole calendar month. This means you have to be in the U.S. on the first minute of the first day of a month and stay through the last minute of the last day of that month.

People who are deported—If you're deported from the U.S. for certain reasons, your benefits are stopped and cannot be started again until you're lawfully admitted to the U.S. for permanent residence. Your dependents can get benefits if they're U.S. citizens or if they stay in the U.S. an entire month. If they're not U.S. citizens and are outside the country for any part of a month, they can't get a check for that month.

4 Countries to which checks can't be sent
U.S. Treasury Department regulations prohibit mailing checks to anyone in Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

You can't get a check while you're in one of these countries and we can't send your check to anyone for you. If you're a U.S. citizen, you can get all of your back checks after you leave that country. If you're not a U.S. citizen, you can't get back checks. Of course, your checks can start again after you've left that country.

5 Disabled person can work again
If you get checks because you're disabled, let us know right away if your condition improves. If you go back to work in spite of your condition, tell us that, too.

If you get checks as a disabled worker or as a worker's daughter or son disabled before age 22, and you return to work in spite of a severe impairment, then you can keep on getting checks for a "trial work period" of up to 9 months while you are working. The 9 months need not be consecutive. (Disabled widows, widowers, or surviving divorced wives don't get a trial work period. Neither is a "trial work period" allowed for anyone who qualifies a second time as explained under "If you again become disabled" below.) This "trial work period" gives you a chance to test your ability to work without fear of having your checks stopped.

If, after 9 months, we see that you're able to work again, you'll get your checks for 3 more months before they stop. This is an adjustment period. If we find your work is not substantial, your checks won't be stopped.

If you again become disabled—If your checks are stopped because you've recovered from your disability and you again become disabled within 5 years (7 years for a worker's disabled dependents or survivors), your checks can start again the first full month you are disabled. You don't have to go through another waiting period, as you did the first time. There is no "trial work period" allowed after you become re-entitled this way.

6 Person not able to manage own funds
Some people who get social security checks cannot manage their own funds. A parent or some other person usually gets checks for a child.

Sometimes older people become unable to manage their own funds. When this happens, the person who takes care of the beneficiary should let us know. Then we can arrange to send the checks to a relative or other person who can act for the beneficiary. We call this person a "representative payee."

Duties of a representative payee— A representative payee accepts the responsibility for receiving and using social security benefits for another person.

If you're a representative payee, it's your job to:

- See that the checks are used in the person's best interest, and when we ask, tell us how they were used. You'll get a special booklet that tells what you should do. It's called *Your duties as representative payee.*
- Notify us whenever something on the list on page 3 happens.
- Notify us if the person leaves your care or custody, moves to a new address, or if you don't want to keep on being the payee.

Death
A person's right to social security checks ends when he or she dies. Checks for the month of death should be returned to the sender. For example, if a person dies in July, even on the last day, the check dated August 3 should be returned.

If the person who died worked under social security, benefits may be paid to the survivors. If his wife (or her husband) and children were getting checks before he or she died, they probably won't have to apply again. Their checks will continue. If they weren't getting checks, someone should contact the nearest U.S. Foreign Service post or write to us for information about checks for them.

8 Marriage

Notify us if any person getting benefits as a child, widow, widower, divorced wife, or parent of the worker gets married. (If a woman who gets checks as a retired or disabled worker marries, she should let us know so we can show her new name on her checks.)

In some cases, social security checks stop after marriage. In others, the amount may be changed because of marriage. This depends on what kind of benefits you get and sometimes on whether the person you marry gets checks.

If your checks as a widow, widower, or divorced wife stop because you remarry, they may be started again if your remarriage ends. For help in getting them started, go to any U.S. Foreign Service post or write directly to us.

If a child's or parent's checks are stopped because of marriage, they cannot be started again unless the marriage is void or is annulled from the beginning.

The chart on the next page shows how marriage will affect your check.

Divorce or annulment of marriage

If you get checks as a wife or husband, notify us if you're divorced or your marriage is annulled.

Divorce or annulment stops a wife's or husband's checks, usually effective the month the decree becomes final. But if you get checks as a wife 62 or older and you were married to the worker 20 years or more, your checks won't stop if you're divorced.

Notify us if your name is changed (even though your checks won't stop) so that we can show your new name on your check.

Type of benefit you now receive	Claim number ends in	If you marry benefits will . . .
Retired worker or disabled worker	A or HA	Continue unchanged. (Checks to a woman will be under her new married name.)
Widowed mother under age 62, surviving divorced mother or widowed father	E, E1, or E2	End unless your husband or wife gets social security benefits as a retired or disabled worker, a widower, parent, or disabled child over age 18.
Widow or widower age 60 and over	D or D1, D2, D3	Continue (though in some cases in a reduced amount).
Disabled widow under age 60	W, W2	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.
Disabled widower under age 60	W1, W3	End unless your wife gets benefits as wife, mother, widow, parent, or disabled child over age 18.
Child under age 18, student under age 22, or disabled adult child	C, C1, C2, C3, C4, etc.	End (except that disabled adult child benefits continue if the marriage is to another social security beneficiary other than a child under 18 or a student beneficiary).
Parent	F1, F2, F3, F4, etc.	End unless your spouse gets benefits as a widow, widower, parent, divorced wife, or disabled child over age 18.
Divorced wife or surviving divorced widow	B6, B9, D6, D7	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.

10 Young wife, widow, or widowed father no longer has a child in her or his care

A young wife or widow may get checks on her husband's social security record if she has in her care his child (under 18 or disabled) who gets checks. If you get checks *only* because you have such a child in your care (your claim number ends in B2 or E), you should notify us right away if the child leaves your care or if you move away from where the child is living.

A widowed father can get checks on his deceased wife's record under the same circumstances as a widowed mother and should report the same events a wife or widow reports.

Sometimes you may still be considered to have the child in your care even though you're separated temporarily—as long as you're exercising parental control over the child. In all cases, however, it's up to you to notify us if there is any change in where you or the child live or in your responsibility for the child. This doesn't mean you should tell us whenever the child goes on a trip, such as a summer vacation, as long as it's temporary. It does mean that you should tell us if the child leaves home—for example, enters the Armed Forces, or if you move to another area to work and do not take the child with you.

Tell us right away if the child returns to your care after leaving earlier so that we can start your checks again.

11 Changes in school attendance

Checks to a child stop at 18 unless he or she is a full-time unmarried student or is disabled.

To us, people reach a given age on the day before their birthday. For example, if a child's 18th birthday is on June 1, the child reaches 18 on May 31 for social security purposes. If the child is not a student or disabled in May, no check is due for May or any later month. The last check due is for April (dated May 3).

A child between 18 and 22 who continues to be a full-time student at a school that qualifies can get checks. Schools outside the U.S. qualify if three or more accredited U.S. schools accept credits from those schools. The representative payee or the student should notify us right away if the student:

- Drops out of school (or is expelled, suspended, etc.).
- Changes schools.
- Is paid by his or her employer for attending school (at the request or as a requirement of the employer).
- Becomes a part-time student.

Near the end of the school year, we send each student beneficiary a form to be filled out and returned to us. We use this information to see that checks are being sent properly and can continue to be sent. The student's checks could stop if the report isn't returned to us.

Checks to a student can continue to the end of the semester or quarter in which age 22 is reached if the student has not received or completed the requirements for a bachelor's degree from a college or university. If the school is not operated on a semester or quarter system, checks can continue until the student finishes the course being taken or for 2 months after the month age 22 is reached, whichever comes first.

Checks can continue during a vacation period of 4 months or less provided the student intends to return to full-time attendance afterwards. For example, suppose that the school year ends May 20 and the student intends to go back to school on October 3. The student can get checks all through the summer months. But, if the student didn't intend to return to school until November 1 or later, no checks are due for the summer months because the student was out of school more than 4 calendar months.

It's not the same as a vacation when a student is expelled or suspended from school. Checks won't continue during months of expulsion or suspension.

If checks are stopped because a student left school, they can generally be started again if full-time attendance is resumed. The student can inquire at any U.S. Foreign Service post or can write us directly.

Important—Each student should report items numbered 1, 2, 3, 4, and 8 on page 3 in addition to reporting changes in school attendance.

12 Child nearing 18 is disabled

A child of a worker is considered disabled—and can get checks as an adult disabled in childhood—if before age 22 the child has a condition that prevents work and it is expected to last for at least 12 months. About 5 months before the child reaches 18, the representative payee gets a form explaining when checks can continue after 18.

A child whose checks were stopped at 18 and who becomes disabled before reaching 22 may again receive benefits. Also, an adult who received checks as a person disabled in childhood and who recovered can become eligible for benefits again if the person becomes disabled a second time within 7 years after recovery.

What you need to know about Medicare
Medicare is a two-part health insurance program that helps pay the costs of health care in the U.S. for people 65 and over and for certain disabled people under 65. Medicare's hospital insurance helps pay hospital bills and certain follow-up care after you leave the hospital. Its medical insurance helps pay doctor bills and other medical services. Medicare generally does not cover health services you get outside the U.S.

Hospital insurance: Hospital insurance covers people getting social security checks when they reach 65 and people under 65 who have been entitled to social security checks for 2 consecutive years because they are disabled. Nothing is withheld from your check for hospital insurance, and you don't have to apply. It's available to you if you return to the United States.

Medical insurance: Unlike hospital insurance, you get medical insurance only if you sign up and pay a monthly premium. Like hospital insurance, these benefits are available only in the U.S. Your first chance to sign up begins 3 months before the month your hospital insurance coverage begins and ends 3 months after the month your hospital insurance starts. You can also sign up during January, February, or March of any year after that. Your premium will be 10 percent higher for each 12-month period you could have been enrolled but were not.

You may cancel your medical insurance at any time. In the U.S., contact any social security office for assistance. Overseas, you can mail your notice to us. Medical insurance—and the premiums—will continue for one calendar quarter after the quarter in which you notify us of your cancellation. After that, you can re-enroll, but only once. If you should re-enroll, your premium will be increased by 10 percent for each full year you could have had this protection but were not enrolled.

A reminder
Remember, it's a good idea to keep this booklet handy and refer to it from time to time. If you want more information than this booklet gives or if you have any question about social security, ask at any U.S. Foreign Service post or you can write directly to us. Our address is:

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Exceptions to the 6-month rule on absence from the U.S. (See page 9)

Exception No. 1—Your citizenship may exempt you. The 6-month rule on absence from the U.S. will not affect your social security checks if you are a U.S. citizen or citizen of one of the following countries:

Argentina	Gabon	Panama
Austria	Greece	Peru
Barbados	Guyana	Philippines
Belgium	Ireland	Poland
Bolivia	Israel	Portugal
Brazil	Italy	San Marino
Bulgaria	Ivory Coast	Spain
Canada	Jamaica	Sweden
Chile	Japan	Switzerland
Colombia	Leichtenstein	Trinidad
Costa Rica	Luxembourg	Tobago
Cyprus	Malta	Turkey
Czechoslovakia	Mexico	United Kingdom
Denmark	Micronesia	Upper Volta
Ecuador	Monaco	West Germany
El Salvador	The Netherlands	Western Samoa
Finland	Nicaragua	Yugoslavia
France	Norway	Zaire

(This list of countries is subject to change from time to time.)

Exception No. 2—The 6-month rule on absence from the U.S. will *not* affect your social security checks if:

- You were eligible for monthly benefits for December 1956; or
- You are in the active military service of the U.S.

Exception No. 3—The 6-month rule on absence from the U.S. will *not* affect your social security checks if the worker on whose social security record your benefits are based:

- Had railroad work which was treated as covered employment under the U.S. social security system; or
- Died while in the U.S. military service or as a result of a service-connected disability and release from military service was under conditions other than dishonorable; or
- Lived in the U.S. for at least 10 years; or earned at least 40 quarters of coverage under the U.S. social security system. But after June 1968, citizens of certain countries can't use this 10-year residence or 40 "quarters-of-coverage" exception. These countries either have, or may have, systems which restrict payments to absentee United States citizens.

According to the latest information, these countries are: Albania, Andorra, Central African Republic, Congo, Cuba, East Germany, Egypt, Estonia, Guinea, Hungary, Iceland, Iraq, North Korea, Latvia, Libya, Lithuania, Mauritania, New Zealand, Niger, Paraguay, People's Republic of China, Rumania, Syria, U.S.S.R., Uruguay, North Vietnam, and Zambia.

GPO : 1977 O - 240-416

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Su cheque del seguro social...

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If you want more information about social security than is given in this booklet or you need help on a social security matter, contact any U.S Foreign Service post. The people there will be glad to help you. If you prefer, you can write us directly. It's best to airmail your letter. Our address is:

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It'll help us if you include all of the following details on your reports:

- Name of person or persons about whom the report is being made.
- What is being reported.
- Date it happened.
- Your signature and address.
- The correct claim number the social security benefits are being paid under. The claim number has nine digits (000-00-0000) and is followed by a letter (A, B, C, D, etc.). It's shown on all letters we send you.

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The remainder of this booklet gives detailed information about when and what you're to report to us. It's important to report promptly to protect your own interests.

If you fail to report something or if you make a false statement about it, you can be penalized by a fine or imprisonment. You can also lose some of your checks if you don't report to us on time.

1 Change of mailing address

It's very important that you tell us of any change in your mailing address so your checks won't be delayed. Please type or print your complete address carefully, including any postal code number and the country. You can abbreviate any long words. Your notice should include the social security claim number on which you are receiving benefits and the names of all people who get checks at the new address.

Send your notice to us by airmail.

We'll have the address changed on your checks as soon as we get the notice. Usually, if we get your notice by the 10th of the month, your new address will be on the next month's check.

If you get your checks through a U.S. Foreign Service post, tell them about your new address, too. They will make sure your next check gets to you at the new address.

2 Work outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—notify us right away. It's in your best interest to tell us, even though you don't think your work or business will affect your social security checks. By "work," we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

We can't explain in this booklet all of the details about how your checks may be affected. When we get your notice, we'll send you a form to fill out. The information you put on the form will help us decide whether your work or business will affect your checks. We'll let you know as soon as we can.

Send your notice to us airmail.

If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work *is* covered by the U.S. social security program, the same annual retirement test will be applied as is applied to beneficiaries in the U.S. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

3 Absence from the U.S.

If you are a U.S. citizen or a citizen of any country listed on page 22, your checks will keep coming no matter how long you stay outside of the U.S. This is true except for visits to Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

If you're neither a U.S. citizen nor a citizen of a country listed on page 22, your checks will stop after you've been outside the U.S. for 6 months. But they'll keep coming if you meet one of the conditions listed under exceptions 2 and 3 on pages 22 and 23.

You're "outside the U.S." if you're not in one of the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, or American Samoa. This is true even if you have a reentry permit and plan to return to your permanent home in the U.S.

Once you're away from the U.S. for 30 days in a row, you are considered to be outside the country until you return and stay in the U.S. for at least 30 days in a row. Your checks stop after you've been "outside the U.S." for 6 months, unless you meet one of the exceptions described on pages 22 and 23.

Once your checks are stopped because of the 6-month rule, they can't be started again until you come back and stay in the U.S. for a whole calendar month. This means you have to be in the U.S. on the first minute of the first day of a month and stay through the last minute of the last day of that month.

People who are deported—If you're deported from the U.S. for certain reasons, your benefits are stopped and cannot be started again until you're lawfully admitted to the U.S. for permanent residence. Your dependents can get benefits if they're U.S. citizens or if they stay in the U.S. an entire month. If they're not U.S. citizens and are outside the country for any part of a month, they can't get a check for that month.

4 Countries to which checks can't be sent
U.S. Treasury Department regulations prohibit mailing checks to anyone in Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

You can't get a check while you're in one of these countries and we can't send your check to anyone for you. If you're a U.S. citizen, you can get all of your back checks after you leave that country. If you're not a U.S. citizen, you can't get back checks. Of course, your checks can start again after you've left that country.

5 Disabled person can work again
If you get checks because you're disabled, let us know right away if your condition improves. If you go back to work in spite of your condition, tell us that, too.

If you get checks as a disabled worker or as a worker's son or daughter disabled before age 22, then you can keep on getting checks for a "trial work period" of up to 9 months while you are working. The 9 months need not be consecutive. (Disabled widows, widowers, or surviving divorced wives don't get a trial work period.) This "trial work period" gives you a chance to test your ability to work without fear of having your checks stopped.

If, after 9 months, we see that you're able to work again, you'll get your checks for 3 more months before they stop. This is an adjustment period. If we find your work is not substantial, your checks won't be stopped.

If you again become disabled—If your checks are stopped because you've recovered from your disability and you again become disabled within 5 years (7 years for a worker's disabled dependents or survivors), your checks can start again the first full month you are disabled. You don't have to go through another waiting period, as you did the first time.

6 Person not able to manage own funds
Some people who get social security checks cannot manage their own funds. A parent or some other person usually gets checks for a child.

Sometimes older people become unable to manage their own funds. When this happens, the person who takes care of the beneficiary should let us know. Then we can arrange to send the checks to a relative or other person who can act for the beneficiary. We call this person a "representative payee."

Duties of a representative payee— A representative payee accepts the responsibility for receiving and using social security benefits for another person.

If you're a representative payee, it's your job to:

- See that the checks are used in the person's best interest, and when we ask, tell us how they were used. You'll get a special booklet that tells what you should do. It's called *Your duties as representative payee.*
- Notify us whenever something on the list on page 3 happens.
- Notify us if the person leaves your care or custody, moves to a new address, or if you don't want to keep on being the payee.

Death
A person's right to social security checks ends when he or she dies. Checks for the month of death should be returned to the sender. For example, if a person dies in July, even on the last day, the check dated August 3 should be returned.

If the person who died worked under social security, benefits may be paid to the survivors. If his wife (or her husband) and children were getting checks before he or she died, they probably won't have to apply again. Their checks will continue. If they weren't getting checks, someone should contact the nearest U.S. Foreign Service post or write to us for information about checks for them.

8 Marriage

Notify us if any person getting benefits as a child, widow, widower, divorced wife, or parent of the worker gets married. (If a woman who gets checks as a retired or disabled worker marries, she should let us know so we can show her new name on her checks.)

In some cases, social security checks stop after marriage. In others, the amount may be changed because of marriage. This depends on what kind of benefits you get and sometimes on whether the person you marry gets checks.

If your checks as a widow, widower, or divorced wife stop because you remarry, they may be started again if your remarriage ends. For help in getting them started, go to any U.S. Foreign Service post or write directly to us.

If a child's or parent's checks are stopped because of marriage, they cannot be started again unless the marriage is void or is annulled from the beginning.

The chart on the next page shows how marriage will affect your check.

9 Divorce or annulment of marriage

If you get checks as a wife or dependent husband, notify us if you're divorced or your marriage is annulled.

Divorce or annulment stops a wife's or husband's checks, usually effective the month the decree becomes final. But if you get checks as a wife 62 or older and you were married to the worker 20 years or more, your checks won't stop if you're divorced.

Notify us if your name is changed (even though your checks won't stop) so that we can show your new name on your check.

Type of benefit you now receive	Claim number ends in	If you marry benefits will. . .
Retired worker or disabled worker	A or HA	Continue unchanged. (Checks to a woman will be under her new married name.)
Widowed mother under age 62, surviving divorced mother, or widowed father	E, E1, or E2	End unless your husband or wife gets social security benefits as a retired or disabled worker, a widower, parent, or disabled child over age 18.
Widow or widower age 60 and over	D or D1, D2, D3	Continue (though in some cases in a reduced amount).
Disabled widow under age 60	W, W2	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.
Disabled widower under age 60	W1, W3	End unless your wife gets benefits as wife, mother, widow, parent, or disabled child over age 18.
Child under age 18, student under age 22, or disabled adult child	C, C1, C2, C3, C4, etc.	End (except that disabled adult child benefits continue if the marriage is to another social security beneficiary other than a child under 18 or a student beneficiary.)
Parent	F1, F2, F3, F4, etc.	End unless your spouse gets benefits as a widow, widower, parent, divorced wife, or disabled child over age 18.
Divorced wife or surviving divorced widow	B6, B9, D6, D9	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.

10 Young wife, widow, or widowed father no longer has a child in her or his care

A young wife or widow may get checks on her husband's social security record if she has in her care his child (under 18 or disabled) who gets checks. If you get checks *only* because you have such a child in your care (your claim number ends in B2 or E), you should notify us right away if the child leaves your care or if you move away from where the child is living.

A widowed father can get checks on his deceased wife's record under the same circumstances as a widowed mother and should report the same events a wife or widow reports.

Sometimes you may still be considered to have the child in your care even though you're separated temporarily—as long as you're exercising parental control over the child. In all cases, however, it's up to you to notify us if there is any change in where you or the child live or in your responsibility for the child. This doesn't mean you should tell us whenever the child goes on a trip, such as a summer vacation, as long as it's temporary. It does mean that you should tell us if the child leaves home—for example, enters the Armed Forces, or if you move to another area to work and do not take the child with you.

Tell us right away if the child returns to your care after leaving earlier so that we can start your checks again.

11 Changes in school attendance

Checks to a child stop at 18 unless he or she is a full-time unmarried student or is disabled.

To us, people reach a given age on the day before their birthday. For example, if a child's 18th birthday is on June 1, the child reaches 18 on May 31 for social security purposes. If the child is not a student or disabled in May, no check is due for May or any later month. The last check due is for April (dated May 3).

A child between 18 and 22 who continues to be a full-time student at a school that qualifies can get checks. Schools outside the U.S. qualify if three or more accredited U.S. schools accept credits from those schools. The representative payee or the student should notify us right away if the student:

- Drops out of school (or is expelled, suspended, etc.).
- Changes schools.
- Is paid by his or her employer for attending school (at the request or as a requirement of the employer).
- Becomes a part-time student.

Near the end of the school year, we send each student beneficiary a form to be filled out and returned to us. We use this information to see that checks are being sent properly and can continue to be sent. The student's checks could stop if the report isn't returned to us.

Checks to a student can continue to the end of the semester or quarter in which age 22 is reached if the student has not received or completed the requirements for a bachelor's degree from a college or university. If the school is not operated on a semester or quarter system, checks can continue until the student finishes the course being taken or for 2 months after the month age 22 is reached, whichever comes first.

Checks can continue during a vacation period of 4 months or less provided the student intends to return to full-time attendance afterwards. For example, suppose that the school year ends May 20 and the student intends to go back to school on October 3. The student can get checks all through the summer months. But, if the student didn't intend to return to school until November 1 or later, no checks are due for the summer months because the student was out of school more than 4 calendar months.

It's not the same as a vacation when a student is expelled or suspended from school. Checks won't continue during months of expulsion or suspension.

If checks are stopped because a student left school, they can generally be started again if full-time attendance is resumed. The student can inquire at any U.S. Foreign Service post or can write us directly.

Important—Each student should report items numbered 1, 2, 3, 4, and 8 on page 3 in addition to reporting changes in school attendance.

12 Child nearing 18 is disabled

A child of a worker is considered disabled—and can get checks as an adult disabled in childhood—if before age 22 the child has a condition that prevents work and it is expected to last for at least 12 months. About 5 months before the child reaches 18, the representative payee gets a form explaining when checks can continue after 18.

A child whose checks were stopped at 18 and who becomes disabled before reaching 22 may again receive benefits. — Also, an adult who received checks as a person disabled in childhood and who recovered can become eligible for benefits again if the person becomes disabled a second time within 7 years after recovery.

What you need to know about Medicare
Medicare is a two-part health insurance program that helps pay the costs of health care in the U.S. for people 65 and over and for certain disabled people under 65. Medicare's hospital insurance helps pay hospital bills and certain follow-up care after you leave the hospital. Its medical insurance helps pay doctor bills and other medical services. Medicare generally does not cover health services you get outside the U.S.

Hospital insurance: Hospital insurance covers people getting social security checks when they reach 65 and people under 65 who have been entitled to social security checks for 2 consecutive years because they are disabled. Nothing is withheld from your check for hospital insurance, and you don't have to apply. It's available to you if you return to the United States.

Medical insurance: Unlike hospital insurance, you get medical insurance only if you sign up and pay a monthly premium. Like hospital insurance, these benefits are available only in the U.S. Your first chance to sign up begins 3 months before the month your hospital insurance coverage begins and ends 3 months after the month your hospital insurance starts. You can also sign up during January, February, or March of any year after that. Your premium will be 10 percent higher for each 12-month period you could have been enrolled but were not.

You may cancel your medical insurance at any time. In the U.S., contact any social security office for assistance. Overseas, you can mail your notice to us. Medical insurance—and the premiums—will continue for one calendar quarter after the quarter in which you notify us of your cancellation. After that, you can re-enroll, but only once. If you should re-enroll, your premium will be increased by 10 percent for each full year you could have had this protection but were not enrolled.

A reminder
Remember, it's a good idea to keep this booklet handy and refer to it from time to time. If you want more information than this booklet gives or if you have any question about social security, ask at any U.S. Foreign Service post or you can write directly to us. Our address is:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203
U.S.A.

Be sure to include the social security claim number on which you are receiving benefits whenever you write to us.

Exceptions to the 6-month rule on absence from the U.S. (See page 9)

Exception No. 1—Your citizenship may exempt you. The 6-month rule on absence from the U.S. will not affect your social security checks if you are a U.S. citizen or citizen of one of the following countries:

Argentina	Gabon	Panama
Austria	Greece	Peru
Barbados	Guyana	Philippines
Belgium	Ireland	Poland
Bolivia	Israel	Portugal
Brazil	Italy	San Marino
Bulgaria	Ivory Coast	Spain
Canada	Jamaica	Sweden
Chile	Japan	Switzerland
Colombia	Leichtenstein	Trinidad
Costa Rica	Luxembourg	Tobago
Cyprus	Malta	Turkey
Czechoslovakia	Mexico	United Kingdom
Denmark	Micronesia	Upper Volta
Ecuador	Monaco	West Germany
El Salvador	The Netherlands	Western Samoa
Finland	Nicaragua	Yugoslavia
France	Norway	Zaire

(This list of countries is subject to change from time to time.)

Exception No. 2—The 6-month rule on absence from the U.S. will *not* affect your social security checks if:

- You were eligible for monthly benefits for December 1956; or
- You are in the active military service of the U.S.

Exception No. 3—The 6-month rule on absence from the U.S. will *not* affect your social security checks if the worker on whose social security record your benefits are based:

- Had railroad work which was treated as covered employment under the U.S. social security system; or
- Died while in the U.S. military service or as a result of a service-connected disability and release from military service was under conditions other than dishonorable; or
- Lived in the U.S. for at least 10 years; or earned at least 40 quarters of coverage under the U.S. social security system.

But after June 1968, citizens of certain countries can't use this 10-year residence or 40 "quarters-of-coverage" exception. These countries either have, or may have, systems which restrict payments to absentee United States citizens.

According to the latest information, these countries are: Estonia, Hungary, Iceland, Latvia, Libya, Lithuania, New Zealand, Rumania, Uruguay, U.S.S.R., and Zambia.

Su cheque del seguro social . . . durante su permanencia fuera de los Estados Unidos

La información contenida en este folleto le es de suma importancia mientras permanezca fuera de los Estados Unidos. Le da información respecto a sus cheques del seguro social, cómo su ausencia de los Estados Unidos podrá afectar el pago de los beneficios que recibe del seguro social, cuándo y qué debe informar a nosotros, y otras cosas que le conviene saber.

A continuación damos una lista de las cosas que usted o su representante debe *informarnos*. Dedique un rato a leer esta lista. Si uno o más de estos incisos le corresponde a usted, entonces pase a la página indicada donde damos una información más detallada al respecto. No *tiene que leer aquello que no le concierne* y que nunca le afectará en absoluto. Pero guarde este folleto en un lugar conveniente y léalo de vez en cuando y así no pasará nada por alto.

Si desea más información sobre el seguro social que la contenida en este folleto, o necesita ayuda sobre asuntos del seguro social, comuníquese con cualquier oficina del "U.S. Foreign Service post" (Servicio Extranjero de los Estados Unidos). *Los* empleados de esa oficina tendrán mucho gusto en servirle. Si usted lo prefiere, puede escribirnos directamente. Es mejor que usted envíe su correspondencia por correo aéreo. Nuestra dirección postal es:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

No deje de incluir el número de seguro social bajo el cual está recibiendo beneficios siempre que nos escriba.

Debe informar enseguida si:

1 Cambia su dirección postal. (Página 29)
2 Trabaja o se establece en un negocio antes de cumplir los 72 años de edad. (Página 29)
3 Cambia de ciudadanía. Los ciudadanos de ciertos países no pueden recibir cheques del seguro social después de permanecer 6 meses fuera de los Estados Unidos. (Página 31)
4 Va a un país donde no podemos enviar cheques: Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.
5 Recibe beneficios por incapacidad y mejora de su condición o regresa a trabajar. (Página 33)

Alguien deberá hacer el *informe por usted si:*

6 Llegara el caso de no poder manejar sus propios fondos. (Página 34)
7 Muriese. (Página 35)

Además de informar los incisos del 1 al 7, las esposas, viudas, y otras personas dependientes o sobrevivientes deberán informar *también:*

8 Casamiento (Página 36)
9 Divorcio (Página 38)
10 Si una esposa o viuda joven (o viudo joven) que recibe beneficios deja de tener un niño a su cuidado. (Página 39)
11 Cambios en la asistencia escolar. (Página 40)
12 Si un joven próximo a cumplir los 18 años de edad está incapacitado. (Página 42)

Si usted *no* es un ciudadano de los Estados Unidos, sería una buena idea leer la página 45 que describe cómo su ausencia de los Estados Unidos podrá afectar sus cheques.

Sus cheques del seguro social

Los cheques del seguro social están generalmente fechados el tres de cada mes. El pago corresponde al mes anterior. Por ejemplo, un cheque fechado el 3 de mayo es el pago correspondiente al mes de abril.

Generalmente la entrega de cheques fuera de los Estados Unidos se demora más debido a las distancias y los trámites adicionales que requieren. El tiempo de entrega varía de país a país y puede que no lleguen siempre el mismo día del mes. Algunas veces puede ocurrir algo que resulte en una demora adicional. Si usted no recibe su cheque dentro de un período prudencial, comuníquese con la oficina del "U.S. Foreign Service" o escríbanos directamente. Nosotros averiguaremos lo que haya pasado y nos esforzaremos en que usted reciba su cheque tan pronto como sea posible.

Si usted se encuentra ahora en los Estados Unidos y piensa estar fuera del país menos de 3 meses, es preferible que sus cheques queden en los Estados Unidos. El personal de cualquier oficina del seguro social le puede ayudar a hacer los correspondientes trámites.

Si ha de permanecer 3 meses o más en el extranjero, sus cheques le serán enviados generalmente a donde esté viviendo.

Los beneficios del seguro social no están sujetos a impuestos en los Estados Unidos. Pero los gobiernos extranjeros pueden cobrar impuestos por su seguro social y muchos lo hacen. Si piensa ir al extranjero, infórmese respecto a los impuestos en el consulado de dicho país en

Washington, D.C. Los beneficios del seguro social se calculan en dólares de los Estados Unidos y no hay disposiciones para aumentar o disminuir los mismos debido a cambios en las tarifas monetarias internacionales.

Si pierde su cheque—Si pierde su cheque, si se lo roban, o es destruído, comuníquese con la oficina del "U.S. Foreign Service" o escríbanos directamente. Podemos enviarle un duplicado, pero esto lleva tiempo, así que guarde su cheque en un lugar seguro hasta que pueda ir a cambiarlo.

Cuando haga efectivo los cheques—Creemos que es una buena idea hacer efectivos los cheques con prontitud para evitar que se pierdan o se los roben. Usted es el único que puede endosar su cheque. Si su cheque lleva su nombre y el de su esposa o esposo, ambos tienen que firmarlo.

Nunca endose su cheque hasta que esté frente a la persona que ha de hacerlo efectivo. Si endosa un cheque y alguien se posesiona del mismo, dicha persona podrá hacerlo efectivo. Creemos que le será más fácil cambiar sus cheques todos los meses en el mismo lugar.

Cuestionario Anual

Todos los años enviamos un cuestionario para que usted lo llene y nos lo devuelva. Esto nos indica que usted continúa teniendo derecho a sus cheques. Las instrucciones en el cuestionario explican exactamente cómo debe llenarlo. Si no nos lo devuelve, sus cheques podrán ser suspendidos.

Cómo Informar

Usted puede dar la información en la tarjeta postal (SSA-1425F) que le fue suministrada, la cual contiene nuestra dirección impresa. Si no tiene este formulario, o si lo que quiere informar no está incluido en la tarjeta, entonces podrá dar la información en una carta o en persona, según lo prefiera. Puede ir a cualquier oficina del "U.S. Foreign Service" para dar su informe.

Nos ayudará mucho si usted incluye todos los detalles siguientes en sus informes:

- Nombre de la persona o personas de quien esté enviando el informe.
- Lo que esté informando.
- Fecha en la cual haya ocurrido.
- Su firma y dirección postal.
- El número de la reclamación correcto bajo el cual se estén pagando los beneficios del seguro social. El número de la reclamación consta de 9 números (000-00-0000) y una letra (A, B, C, D, etc.). Según aparece en toda la correspondencia que le enviamos.

Qué debe informar

El resto de este folleto incluye una información detallada respecto a cuándo y qué debe informarnos. Es muy importante darnos la información con prontitud y así proteger sus propios intereses.

Si deja de informar algo, o si hace una declaración falsa, puede ser castigado con una multa o presidio. Puede dejar de recibir algunos de sus cheques si no nos envía el informe a tiempo.

1 Cambio de dirección postal

Es muy importante que nos comunique cualquier cambio en su dirección postal para que sus cheques no se atrasen. Sírvase escribir cuidadosamente en maquinilla o en letra de molde su dirección postal completa, incluyendo cualquier número de zona postal, y el país. Puede abreviar las palabras que sean muy largas. Su aviso debe incluir su número de reclamación del seguro social y los nombres de todas las personas que recibirán cheques en la nueva dirección.

Envíenos su aviso por correo aéreo.

Cambiaremos la dirección postal en sus cheques tan pronto como recibamos su aviso. Generalmente, si recibimos su aviso antes del día 10 del mes, su nueva dirección aparecerá en el cheque del mes siguiente.

Si recibe sus cheques por mediación del "U.S. Foreign Service" infórmeles sobre su nueva dirección postal también. Ellos se ocuparán de que su próximo cheque vaya a su nueva dirección postal.

2 Trabajo fuera de los Estados Unidos

Si usted tiene un empleo o su propio negocio fuera de los Estados Unidos—y tiene menos de 72 años de edad—notifíquenos enseguida. Será para su propio beneficio informarnos aun cuando no crea que su empleo o negocio afectará sus cheques del seguro social. Cuando hablamos de "empleo" nos referimos a un trabajo—incluso un trabajo de jornada o tiempo parcial—o si está trabajando por cuenta propia como campesino, escritor, vendedor, artesano, etc. También

debe informar cualquier trabajo de aprendiz. Si es propietario de un negocio debe notificárnoslo aun cuando no trabaje en el negocio, ni reciba ingreso alguno del mismo.

No podemos explicar detalladamente en este folleto cómo pueden ser afectados sus cheques. Al recibir su aviso, le enviaremos una planilla que debe llenar. La información que nos dé en la planilla nos ayudará a decidir si su trabajo o negocio afectará sus cheques. Usted será notificado tan pronto nos sea posible.

Envíenos su aviso por correo aéreo.

Si un trabajo no está cubierto por el programa del seguro social de los Estados Unidos, la regla general es que usted no puede recibir un cheque por ningún mes en que haya trabajado o haya sido propietario de un negocio por 7 días o más siendo menor de 72 años de edad. Si usted no tiene derecho a recibir el cheque, tampoco sus dependientes lo recibirán. Si su trabajo *está* cubierto por el programa del seguro social de los Estados Unidos el mismo requisito del retiro anual aplicable a los beneficiarios de los Estados Unidos le será aplicado a usted. Si desea una explicación más amplia, vaya a la oficina del "U.S. Foreign Service" más cercana.

3 Ausencia de los Estados Unidos

Si usted es ciudadano de los Estados Unidos o de uno de los países incluídos en la lista de la página 45, continuará recibiendo sus cheques sin importar el tiempo que permanezca fuera de los Estados Unidos. Excepto si va a visitar Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.

Si usted no es ciudadano de los Estados Unidos o de uno de los países que aparecen en la lista de la Página 45, no se le enviarán cheques después que permanezca más de 6 meses fuera de los Estados Unidos. Pero usted continuará recibiéndolos si usted reune algunas de las condiciones estipuladas en las Excepciones 2 y 3 de las Páginas 45 y 46.

Se considera que usted está "Fuera de los Estados Unidos" si no está en uno de los 50 Estados, el Distrito de Columbia, Puerto Rico, las Islas Vírgenes de los EE.UU., Guam, o Samoa Americana. Se considera como tal aun cuando tenga permiso de reingreso e intenciones de volver a su hogar permanente en los Estados Unidos.

Una vez que se encuentre ausente de los Estados Unidos durante 30 días consecutivos, se le considera fuera del país hasta que regrese y permanezca en los Estados Unidos por lo menos 30 días consecutivos. Sus cheques terminan una vez que haya permanecido "fuera de los Estados Unidos" 6 meses, a menos que reuna una de las excepciones indicadas en las Páginas 45 a 46.

Si debido al reglamento de los 6 meses no se le envían sus cheques, no se le podrán volver a enviar hasta que haya regresado a los Estados Unidos y permanezca un mes calendario completo. Es decir, tiene que estar en los Estados Unidos al comenzar el primer día del mes y permanecer hasta el último minuto del último día del mes.

Personas deportadas—Si lo deportan de los Estados Unidos por ciertas razones, sus beneficios terminan y no pueden comenzar de nuevo hasta que no sea legalmente admitido en los Estados Unidos con residencia permanente. Sus dependientes pueden recibir beneficios si son ciudadanos de los Estados Unidos o si permanecen en los Estados Unidos un mes completo. Si no son ciudadanos de los Estados Unidos y permanecen fuera del país durante cualquier parte del mes, no podrán recibir el cheque de ese mes.

4 Países donde no se pueden enviar cheques

Los reglamentos del Departamento del Tesoro de los Estados Unidos prohibe enviar cheques a nadie en Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.

Usted no puede recibir cheques mientras permanezca en uno de esos países y no podemos enviar cheques a nadie para usted. Si usted es ciudadano de los Estados Unidos podrá recibir los cheques atrasados una vez que haya salido de tal país. Si usted no es ciudadano de los Estados Unidos, no podrá recibir los cheques atrasados. Naturalmente, sus cheques podrán comenzar nuevamente una vez que haya salido de tal país.

5 Persona incapacitada que vuelve a trabajar

Si usted recibe cheques por incapacidad, y se mejora, déjenoslo saber enseguida. Si vuelve a trabajar a pesar de su condición, notifíquenoslo también.

Si usted recibe cheques como trabajador incapacitado o como hijo o hija incapacitado antes de los 22 años, podrá continuar recibiendo cheques por un "período de trabajo a prueba" de hasta 9 meses mientras trabaja. Los 9 meses no tienen que ser necesariamente consecutivos. (Las viudas, viudos, o ex-esposas divorciadas que se incapacitan no participan del "período de trabajo a prueba.") Este "período de trabajo a prueba" le da oportunidad de poner a prueba su habilidad para trabajar sin temor a que sus cheques sean suspendidos.

Si después de los 9 meses, encontramos que usted puede regresar al trabajo, usted recibirá sus cheques por 3 meses más antes de que le sean suspendidos. Este es un período de ajuste. Si hallamos que su trabajo no es substancial, entonces no se le suspenderán sus cheques.

Si vuelve a incapacitarse—Si sus cheques son suspendidos porque se ha recuperado de su incapacidad, y vuelve a incapacitarse dentro de 5 años (7 años para los dependientes o sobrevivientes de un trabajador incapacitado), sus cheques pueden comenzar de nuevo el primer mes completo que esté incapacitado. No tendrá usted que pasar por otro período de espera de 6 meses como le sucedió la primera vez.

6 Persona incapaz de manejar sus propios fondos

No todas las personas que reciben cheques del seguro social pueden manejar sus propios fondos. Uno de los padres, u otra persona recibe generalmente los cheques de un niño.

A veces una persona de edad avanzada no puede manejar sus propios fondos. Cuando esto sucede, la persona que la cuida deberá notificárnoslo. Entonces podremos hacer arreglos para enviar los cheques a un pariente, u otra persona que pueda actuar por ella. Llamamos "tutor" a dicha persona.

Deberes del "tutor"—El tutor acepta la responsabilidad de recibir y usar los beneficios del seguro social en provecho de otra persona.

Si usted es el tutor, su responsabilidad es:

- Ver que los cheques se empleen de la manera más provechosa para dicha persona y, cuando lo solicitemos, díganos cómo se gastaron. Usted recibirá un folleto especial explicando lo que debe hacer. Se denomina "Sus Obligaciones como Tutor."
- Notifíquenos cuando ocurra cualquiera de las cosas indicadas en la lista de la Página 25.
- Notifíquenos si la persona deja de estar a su cuidado o custodia, cambia de dirección postal, o si usted no desea continuar como tutor.

7 Muerte

El derecho de una persona a los cheques del seguro social termina cuando él o ella muere. Los cheques por el mes de la muerte deben ser devueltos al remitente. Por ejemplo, si la persona muere en julio, aún el último día del mes, el cheque fechado el 3 de agosto debe ser devuelto.

Si la persona que muere trabajó bajo el seguro social, sus sobrevivientes podrán recibir beneficios. Si su esposa (o esposo) e hijos estaban recibiendo cheques antes que él o ella haya muerto, probablemente no tendrán que hacer una nueva solicitud. Sus cheques continuarán. Si ellos estaban recibiendo cheques, alguien debe comunicarse con la oficina del "U.S. Foreign Service" más cercana o escribirnos pidiendo información sobre los cheques para ellos.

Casamiento

Notifíquenos si cualquier persona que está recibiendo beneficios como hijo, viuda, viudo, ex-esposa divorciada, o padre del trabajador, se casa. (Si una mujer que recibe cheques como trabajadora retirada o incapacitada se casa, debe informárnoslo para poner en los cheques su nuevo nombre de casada).

En algunos casos, se suspenden los cheques del seguro social después del casamiento. En otros, la cantidad puede que cambie debido al casamiento. Esto depende de la clase de beneficios que esté recibiendo y a veces debido a que la persona con quien se case reciba beneficios.

Si sus cheques como viuda, viudo, o ex-esposa divorciada son suspendidos al volver a casarse, los mismos podrán comenzar de nuevo si su casamiento termina. Si necesita ayuda para empezar a recibirlos de nuevo, vaya a la oficina del "U.S. Foreign Service," o escríbanos directamente a nosotros.

Si los cheques como hijos o padres de un trabajador son suspendidos debido a un casamiento, no podrán comenzar de nuevo a menos que el casamiento sea anulado desde el principio.

La tabla de la página 37, muestra cómo serán afectados los cheques por el casamiento.

Tipo de beneficio que recibe ahora	El número de la reclamación termina en	Si usted se casa sus beneficios. . .
Trabajador retirado o trabajador incapacitado	A o HA	No cambiarán (Los cheques para una señora, llevarán el nuevo nombre de casada.)
Madre viuda menor de 62 años o madre divorciada sobreviviente, o padre viudo	E, E1, o E2	Terminarán a menos que su esposo o esposa reciba beneficios.
Viuda o viudo de 60 años o más	D o D1, D2, D3	Continuarán (aunque en algunos casos la cantidad será reducida.
Viuda incapacitada menor de 60 años	W, W2	Terminarán a menos que su esposa reciba beneficios como dependiente adulto.
Viudo incapacitado menor de 60 años	W1, W3	Terminarán a menos que su esposa reciba beneficios como dependiente adulto.
Niño menor de 18 años, estudiante menor de 22 años, o hijo adulto incapacitado	C, C1, C2 C3, C4, etc.	Terminarán (los beneficios de hijo incapacitado continúan si se casa con un beneficiario que no sea un hijo menor de 18 años o un estudiante beneficiario.)
Padre o madre del trabajador	F1, F2, F3, F4, etc.	Terminará a menos que su cónyuge reciba beneficios como dependiente adulto.
Ex-esposa divorciada o viuda divorciada sobreviviente.	B6, B9, D6, D7	Terminará a menos que su esposo reciba beneficios como dependiente adulto.

9 Divorcio o anulación de matrimonio

Si usted recibe cheques como esposa o esposo dependiente, notifíquenos si se divorcia o si su matrimonio es anulado.

El divorcio o anulación suspende los cheques de la esposa o esposo, generalmente con vigencia en el mes que el decreto es final. Pero si usted recibe cheques como esposa a los 62 años o más y usted estaba casada con el trabajador 20 años o más, sus cheques no serán suspendidos si se divorcia.

Infórmenos si su nombre cambia (aun si sus cheques no son suspendidos) de modo que podamos poner en los cheques su nuevo nombre.

10 La esposa joven, viuda, o padre viudo, sin hijos a su cuidado

La esposa joven o viuda puede recibir cheques del seguro social del esposo si ella tiene a su cuidado un hijo de él (menor de 18 años o incapacitado) que recibe cheques. Si usted recibe cheques *solamente* debido a que tiene a ese hijo a su cuidado (su número de reclamación termina en B2 o E), debe notificarnos enseguida si el hijo deja de estar a su cuidado o si usted se traslada de donde el hijo vive.

Un padre viudo puede recibir cheques en el record de su fallecida esposa bajo las mismas circunstancias que una madre viuda, y deberá reportar los mismos acontecimientos que una esposa o viuda reporta.

Algunas veces se le puede considerar aún como si tuviese al hijo bajo su cuidado aunque estén separados temporalmente—siempre que mantenga el control paternal sobre él. En todos los casos, no obstante, de usted depende el notificarnos cualquier cambio en la dirección postal suya o del hijo, o en su responsabilidad sobre él. Esto no quiere decir que cuando el hijo va de viaje, como durante las vacaciones, tendrá que notificárnoslo si es sólo temporalmente. En otras palabras, tendrá que notificarnos si deja el hogar—por ejemplo al entrar en el ejército, o si usted se traslada a otra localidad para trabajar y no se lleva al hijo consigo.

Díganos enseguida si el hijo regresa a su cuidado después de haber partido prematuramente, para así poder volver a enviarle los cheques.

11 Cambio en la asistencia escolar

Los cheques de un niño terminan al cumplir los 18 años a menos que él o ella sea un estudiante de tiempo regular, soltero, o incapacitado.

Para nuestros fines, una persona cumple cierta edad el día antes de su cumpleaños. Por ejemplo, si cumple los 18 años el 1ro. de junio, para fines del seguro social cumple los 18 años el 31 de mayo. Si para mayo ya no es un estudiante, o no está incapacitado, no se le deberá cheque alguno por mayo ni por ningún otro mes subsecuente. El último cheque adeudado es el de abril (fechado mayo 3.)

Un estudiante entre los 18 y 22 años sólo puede recibir cheques mientras continúe como estudiante de tiempo completo en una escuela acreditada. Solamente están acreditadas fuera de los Estados Unidos aquellas escuelas cuyos créditos sean aceptados por tres o más escuelas acreditadas de los Estados Unidos. El estudiante, o su tutor debe notificarnos inmediatamente si antes de finalizar el año escolar, el estudiante:

- Abandona la escuela (es expulsado, suspendido, etc.).
- Cambia de escuelas.
- Su patrono le paga por asistir a la escuela (a solicitud o como requisito de su patrono).
- Cambia a estudiante de tiempo parcial.

Antes del fin del año escolar, le enviamos a cada estudiante un formulario que debe ser contestado y devuelto a nosotros.

Usamos esta información para cerciorarnos que los cheques son debidamente enviados. Si el informe no nos es devuelto, los cheques podrán ser suspendidos.

Los cheques de estudiantes pueden continuar hasta el fin del semestre o trimestre en que cumpla los 22 años si no ha recibido o completado los requisitos de graduación como bachiller de un colegio o universidad. Si la escuela no funciona bajo el sistema de semestre o trimestre, los cheques podrán continuar hasta que los estudiantes terminen el curso que estén tomando o por 2 meses después del mes que cumplan los 22 años, según lo que ocurra primero.

El estudiante puede continuar recibiendo los cheques durante el período de vacaciones por 4 meses o menos, siempre y cuando tenga intenciones de volver a la escuela a base de tiempo completo nuevamente. Por ejemplo, supongamos que el año escolar termina el 20 de mayo y el estudiante tiene intenciones de regresar a la escuela el 3 de octubre. El podrá recibir cheques durante todo el verano. Pero, si no va a regresar a la escuela hasta el 1ro. de noviembre o más tarde, no tiene derecho a los cheques por los meses del verano porque estuvo ausente de la escuela más de 4 meses calendarios.

No se considera lo mismo que vacaciones cuando el estudiante es expulsado o suspendido de una escuela. Sus cheques no continuarán durante los meses de expulsión o suspensión.

El estudiante cuyos cheques hayan sido suspendidos por haber dejado de asistir a la escuela puede volverlos a recibir si asiste a la escuela de nuevo a base de tiempo completo. El estudiante puede informarse en cualquier oficina del "U.S. Foreign Service," o escribir directamente a nosotros.

Importante—Cada estudiante debe informar sobre los incisos 1, 2, 3, 4, 8, de la página 25, además de los cambios en su asistencia escolar.

12 **Niño próximo a los 18 años, incapacitado**
Se considera incapacitado al hijo de un trabajador—y puede recibir cheques como adulto incapacitado en la niñez—si antes de los 22 años sufre de una condición que le impida trabajar y se espera que dure por lo menos 12 meses. Unos 5 meses antes que el menor cumpla los 18 años, su tutor recibirá un formulario explicando cuándo continúan los cheques después de cumplir los 18 años.

Un niño cuyos cheques terminaron a los 18 años y se incapacitó antes de los 22 años, podrá recibir beneficios de nuevo. También, un adulto que reciba cheques como persona incapacitada en la niñez y se recupera, podrá ser elegible de nuevo a beneficios si se incapacita por segunda vez dentro de los 7 años después de haberse recuperado.

Lo que necesita saber sobre el Medicare
El Medicare es un programa de seguro de salud que consiste de dos partes y ayuda a pagar los gastos del cuidado de la salud en los Estados Unidos para las personas de 65 años o más y ciertas personas incapacitadas menores de 65 años. El seguro de hospital del Medicare ayuda a pagar las cuentas de hospital y por ciertos cuidados post-hospitalarios; el seguro médico ayuda a pagar las cuentas de doctores y otros servicios médicos. El Medicare no cubre los servicios de salud que reciba fuera de los Estados Unidos.

Seguro de Hospital: Toda persona que recibe cheques del seguro social tiene automáticamente seguro de hospital a los 65 años y las personas menores de 65 años que hayan estado recibiendo seguro social o cheques de retiro del ferrocarril por 2 años consecutivos debido a estar incapacitadas. Nada se le rebaja del cheque para el seguro de hospital y no tiene que solicitarlo. Está a su disposición si regresa a los Estados Unidos.

Seguro Médico: Al contrario del seguro de hospital, usted podrá tener el seguro médico solamente si se inscribe y paga la prima mensual. Como el seguro de hospital, estos beneficios aplican solamente en los EE.UU. Su primera oportunidad para inscribirse comienza 3 meses antes del mes que empiece su protección del seguro de hospital y termina 3 meses después del mes en que comienza su seguro de hospital. También puede inscribirse durante enero, febrero, o marzo, de cualquier año después. Su prima será 10 por ciento más alta por cada período de 12 meses en que pudo haberse inscrito y no lo hizo.

Usted podrá cancelar su seguro médico en cualquier momento. En los EE.UU. comuníquese con cualquier oficina del seguro social si necesita ayuda. Si está en el extranjero, podrá avisarnos por correo. El seguro médico—y las primas—continuarán por un trimestre natural después del trimestre en que nos comunique su cancelación. Luego, podrá volver a inscribirse una vez solamente. Si se vuelve a inscribir su prima aumentará un 10 por ciento por cada año natural en que pudo haber tenido dicha protección pero no se inscribió.

Recordatorio

Recuerde que es una buena idea guardar este folleto en un lugar conveniente y leerlo de vez en cuando. Si desea más información que la que contiene este folleto, o si desea averiguar algo respecto al seguro social, diríjase a la oficina del "U.S. Foreign Service" o escriba directamente a nosotros. Nuestra dirección postal es:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

No deje de incluir el número de seguro social bajo el cual está recibiendo beneficios siempre que nos escriba.

Excepciones a la regla de los 6 meses de ausencia de los Estados Unidos
(Página 31)

Excepción No. 1—Su ciudadanía podrá eximirlo. La regla de los 6 meses de ausencia de los Estados Unidos no afectará el recibir sus cheques del seguro social si usted es ciudadano de los Estados Unidos, o ciudadano de uno de los países siguientes:

- Alemania Occidental
- Alto Volta
- Argentina
- Austria
- Barbados
- Bélgica
- Bolivia
- Brasil
- Bulgaria
- Canadá
- Checoslovaquia
- Chile
- Chipre
- Colombia
- Costa de Marfil
- Costa Rica
- Dinamarca
- Ecuador
- El Salvador
- España
- Filipinas
- Finlandia
- Francia
- Gabon
- Grecia
- Guayana
- Irlanda
- Israel
- Italia
- Jamaica
- Japón
- Luxemburgo
- Leichtenstein
- Malta
- México
- Micronesia
- Mónaco
- Nicaragua
- Noruega
- Países Bajos
- Panamá
- Perú
- Polonia
- Portugal
- Reino Unido
- Samoa Occidental
- San Marino
- Suecia
- Suiza
- Tobago
- Trinidad
- Turquía
- Yugoslavia
- Zaire

(Esta lista está sujeta a cambios de vez en cuando)

Excepción No. 2—La regla de los 6 meses de ausencia de los Estados Unidos *no* afectará sus cheques del seguro social si:

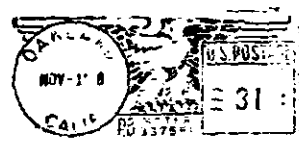
- Usted era elegible a beneficios mensuales para Diciembre del 1956; o
- Está en el servicio militar activo de los Estados Unidos.

Excepción No. 3—La regla de los 6 meses de ausencia de los Estados Unidos *no* afectará sus cheques del seguro social si el *trabajador* en cuyo seguro social están basados sus beneficios:

- Trabajó en el ferrocarril y está considerado como empleo cubierto bajo el sistema del Seguro Social de los Estados Unidos; o
- Murió mientras prestaba servicio militar de los Estados Unidos o como resultado de una incapacidad relacionada con ese servicio militar y su licenciamiento del servicio militar no fué deshonroso; o
- Vivió en los Estados Unidos por lo menos 10 años o acumuló por lo menos 40 trimestres de protección bajo el sistema del seguro social de los Estados Unidos. Pero después del mes de junio del 1968 los ciudadanos de ciertos países no pueden usar la excepción de estos 10 años de protección. Estos países tienen o puede que tengan sistemas que prohiben pagos a los ciudadanos que están fuera de los Estados Unidos.

De acuerdo con la más reciente información, estos países son: Estonia, Hungría, Islandia, Latvia, Lituania, Nueva Zelandia, República de la Unión Soviética Socialista, Rumania, Uruguay y Zambia.

ROOM 700, 2150 FRANKLIN STREET • OAKLAND, CALIF. 94612



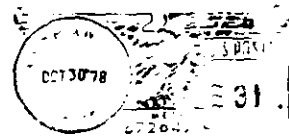
[redacted]

POSTMASTER:
Return this letter immediately if addressee has moved (Do not forward).
If addressee is deceased, return this letter with date of death, if known.
Return Postage Guaranteed

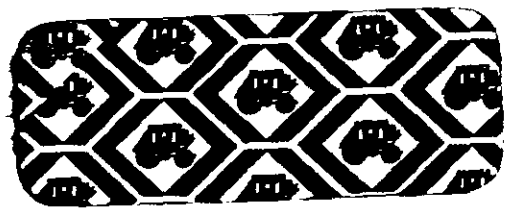
Air Mail

F-3-h-3

WELLS FARGO BANK
POST OFFICE BOX 44608
SAN FRANCISCO, CALIFORNIA 94144
DO NOT FORWARD



VIA AIR MAIL



F-3-h-4

THIS ENVELOPE MUST NOT BE OPENED BY ANY PERSON
OTHER THAN THE ONE TO WHOM IT IS ADDRESSED

ADDRESSEE:
If you change your address, please report change of address promptly to the Fund Office.

F-3-b-5

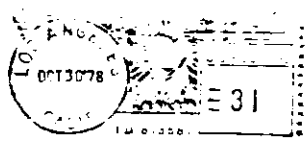
ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-b-6

DETACH AND RETAIN THIS STUB

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX		TOTAL PAY	
MC KNIGHT, EARL	11/01/78	288.00	8.20			296.20	

FOREIGN AIR MAIL



Bailey
33
Guyana
ca

F-3-b-7

--Robert Johnson has a life insurance and burial insurance policy through the longshoreman's Union which he says is valued at about $1,000.00. I do not know how to go about it; I am having him send for a copy of the policy.

F-3-h-8

Maria -

for our use - we can break down general living expenses here consistently as: (Monthly)

Rent - housing	$150.00
food	150.00
utilities (electricity)	20.00
Insurance (ours plus any ~~they have~~ still being set aside)	15.00

Then these things can be padded up or down depending on total income -

non-refundable medical, also dental
food can be padded
clothes
entertainment + transportation

for assets, these are vague enough to be padded -

furniture - $500.00
antiques $300.00

F-3-b-9

Laura

OTHER CHECKS

			#	
waiting for feedback	1.	EDWARDS, JAMES	CSA ?	LETTER SENT (acc. to L.J.
sent	2.	JEFFERY, EARTIS	CSA (1307324)	LETTER SENT
already coming	3.	CLAY, NANCY	PENS.(466-12-3550)	LETTER SENT
"	4.	CONEDY, INEZ	PENS.(444-16-3639)	LETTER SENT (acc. to L.J.
"	5.	DASHIELL, HAZEL	PENS.(037-18-9457)	LETTER SENT
	6.	SWINNEY, CLEVE	CSA (0900295)	NOT SENT

* "Letter sent" means I have a copy on file so I know it was sent
** "(acc. to L.J.)" means in a correspondence from her she said these (among others) had all been sent at one time or another.

OF COURSE, THERE IS NO NEED TO GET NEW 21's FOR THOSE I ALREADY HAVE ON HAND. FOR THOSE I NEED THE DATE OF ISSUE OF PASSPORT AND THE PASSPORT NUMBER. THE NUMBER I WAS GIVEN FOR HEAVENLY LOVE WAS NOT A U.S. PASSPORT SERIES. DOES SHE HAVE A U.S. PASSPORT?

THE FOLLOWING IS A LIST OF PEOPLE FOR WHOM I DON'T FIND NOTATIONS OF CHECKS BEING RECEIVED AT ALL OR AT THE GEORGETOWN ADDRESS. THOSE SO MARKED WILL AHVE TO WRITE LETTERS TRANSFERRING THEIR MONTHLY CHECKS.

VA CHECKS

			VA #	
already coming	1.	CUNNINGHAM, MILLIE	03-426-305	LETTER SENT*
	2.	FARRIS, MARSHALL	?	RECEIVE VA? ($38/mo.)
"	3.	GERNANDT, EUGENIA	11-023-503	LETTER SENT
sent	4.	JEFFERY, EARTIS	?	LETTER SENT
	5.	MOTON, GLEN	?	LETTER SENT (acc. to Laura)*
sent	6.	RODGERS, MARY J.	03-766-771	LETTER SENT (acc. to Laura)*
	7.	THOMAS, BERNICE	03-604-744	NO LETTER

F-3-b-10

TO: Jim Randolph F-3-b-11 About 2/3/78

FROM: Laura (H.)

Re: your letter to Maria of 14/2/78 -
a few have to be followed up on yet -

1.- Send the 18-21 applications for continuation of aid for students, also spare 1425 and SSA 10 whatever, also the change of address brown envelopes and the white change of address cards for the P.O.

Moving on:

1. Mark Boutte - he's 20 - he'll be 21 in April. He would have been eligible. So age up to 20 through 21? Send other applications for others so will have them here -

2 Eddie Dennis - to be checked on

3. Mary Griffith - send approval for her SSA app. and for widow's pension too!

4. Tom Grubbs - already rec'd his retirement $

5. Emma Kennedy - $ retirement coming - she's rec'd the lump sum already

6. Carol Kerns - no $ available from relatives now - too tight w/ Philip, Jeannette - Hot Spot

7. Bob Rice - $ available from Masonite until employed ten years.

8. Carolyn Looman - sent letter in 11/77 $ hasn't come yet, she'll send another P.& type letter and request w/next batch of mail

9. Ruth Lowery - $ all drawn in lump sum

10. Verna Johnson - send app. for SSA as student - our school is accredited.

11. Kay Rosas - SSA send re-app for $ since annulment should make her eligible - or she could try.

12 Laura - yes I got mine here.

13. Dorothy Sanders - new letter written as follow up.

14. Doug Sanders - $ due

15. Al Simon - no Indian money due now, but Pomstra is still trying for more $. Ed Simon should know - but Al will be writing to him next batch of mail out

16 Martha Souder - never got IRWA $ - letter written

17. Bruce Turner - no Masonite retirement due (see #7)

18. Lillie Victor - send SSA student's app.

19. Charles Williams - got SSI not SSA but H25 was completed in 10/11/77

20. Jan Wilsey - no info on BIA money but McElwane might know where to check.

21. Leomy Wright - all forms done

22. Dorothy Simpson - she gets $ as flathead Indian tribe-member

F-3-b-12a

MARIA,

SSA BENEFITS NOT TRANSFERRED AS OF APRIL 8, 1978

1.	Addison, Steve	303-04-0172	1/9/78
2.	Albudy, Ida Mae	487-01-1159	3/4/78
3.	Anderson, Orelia	439-03-5606B	8/17/77
4.	Beal, Geneva	428-01-8590	8/12/77
5.	Belle, Ethel	062-22-7393	8/17/77
6.	Birkley, Julia	184-07-2441	8/19/77
7.	Brady, Georgianne	[redacted] C	one SS wrong no 21
8.	Brady, Michaeleen	548-56-5806	1/9/78
9.	Butler, Chlotile	365-18-9917	10/31/77
10.	Camp, Lena	[redacted]	8/17/77
11.	Coleman, Mary	[redacted]	8/17/77
12.	Conedy, Inez	444-16-3639	8/9/77
13.	Cottingham, Mary	249-38-1675	2/3/78
14.	Cunningham, Millie	258-48-4173	3/29/78
15.	Dashiell, Hazel	037-18-9457	8/9/77
16.	Davis, Barbara	[redacted]	8/19/77
17.	Dawkins, Beatrice	490-20-5807	10/31/77
18.	Gernandt, Eugenia	525-54-9038	10/22/77
19.	Gill, Betty Jean	352-22-9581	1/9/78
20.	Goodspeed, Lou D.	463-16-6315	3/4/78
21.	Graham, Willie Lee	546-32-8316	9/16/77
22.	Griffith, Emmett,Sr.	437-26-5442	10/31/77
23.	Griffith, E. for kids	437-26-5442	10/31/77
24.	Hall, Heloise	556-12-9058	10/22/77
25.	Harper, Artee	437-09-5543D	1/9/78
26.	Harris, Josephine	357-07-5154	8/12/77
27.	Horne, Hazel	200-20-0447	3/29/78
28.	Jackson, David	435-05-5208	mail from Guyana
29.	Jackson, Luvenia	527-58-4145	mail from Guyana
30.	Johnson, Garnett	[redacted]	mail from Guyana
31.	Johnson, Helen	437-38-6670	1/9/78
32.	Johnson, Jessie	440-26-1483	8/17/77
33.	Johnson, Robert	437-07-0486	8/9/77
34.	Johnson, Ruby Lee	464-50-9154	10/22/77
35.	Jones, Eliza	526-28-8756	11/19/77
36.	Jones, Lynetta	303-16-7310	
37.	Jordan, Fannie	433-56-1779	3/29/78
38.	Kennedy, Emma	487-03-4621	8/17/77
39.	Layton, Lisa	[redacted]	10/77
40.	Love, Heavenly	[redacted]	mail from Guyana
41.	McGowan, Alluvine	456-80-2690	8/12/77
42.	McIntyre, Joyce	428-01-8590	1/9/78
43.	McKinnis, Levatus	437-20-9204	3/29/78
44.	McKnight, Earl	453-01-9778	mail from Guyana
45.	Malloy, Lillian	124-14-0111	3/4/78

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25/4 done 21

F-3-b-12b

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46.	Morris, Pearly	[redacted]	8/12/77
47.	Mueller, Esther	303-26-4444	7/22/77
48.	Nailor, Gertrude	435-14-8943	8/17/88
49.	Newell, Hazel	425-90-0870	1/9/78
50.	Owens, Jane	510-12-5707	2/13/78
51.	Payney, Lucille	568-12-2637D6-hio	1/9/78
52.	Perkins, Lenora	548-30-8151	3/29/78
53.	Poindexter, Amanda	160-32-0925	1/9/78
54.	Roberson, Odenia	434-26-6778	8/12/77
55.	Sharon, Rose O.	185-44-3527	8/12/77
56.	Shelton, Rose	548-38-8705	no 21
57.	Smith, Bertha	437-12-4033	8/17/77
58.	Sneed, Novella	455-16-0848	8/24/77
59.	Stahl, Alfred R.	310-03-8968	8/23/77
60.	Staten, Ameal	[redacted]	3/29/78
61.	Swinney, Cleve	303-10-4049	no 21
62.	Swinney, Helen	[redacted]	3/29/78
63.	Talley, Vera	458-12-9182B6	3/4/78
64.	Taylor, Virginia	205-12-2261	8/12/77
65.	Townes, Essie Mae	554-50-7066	8/12/77
66.	Tschetter, Alfred	545-48-0030	9/23/77
67.	Williams, Louise T.L.	463-34-2951	3/4/78
68.	Williams, Syola T.	[redacted]	3/29/78
69.	Worley, Dorothy	[redacted]	8/23/77
70.	Young, Carol Ann	[redacted]	12/7/77
71.	Wright, Leomy	428-22-0096	mail from Guyana
72.	Nichols, Ida	367-26-9838	3/2/78

Copy of the message that was never received.

MARIA,

I GOT INSTRUCTIONS TO RETURN THE SSI CHECKS INDIVIDUALLY, BUT NO INSTRUCTIONS AS TO HOW. PLEASE CHECK THIS OUT AND LET ME KNOW BY RADIO IF IT IS OKAY TO PROCEDE THIS WAY. I WILL SIMPLY ADDRESS AN ENVELOPE FOR EACH PERSON WHO HAS CHECKS TO RETURN. NO COVER LETTER OF EXPLANATION, NO RETURN ADDRESS, NO RETURN RECRIPT REQUESTED (AND THEREFORE NO RECRIPT OF THE CONTENTS). I WILL JUST MAIL THEM TO THE RESPECTIVE DISTRICT OFFICES.

I AM A LITTLE WORRIED BECAUSE SOME OF THEM ARE ALREADY ENDORSED AND BECAUSE WE WILL HAVE NO WAY TO PROVE WE SENT THEM BACK IF THEY [illegible] IN THE MAILS.

LOOKING FORWARD TO HEARING FROM YOU,

I REMAIN,

JAMES
4/11/78

The ssi were never answered, so I'm enclosing them again. Jim

OK
Cross out the addresses
E

F-3-b-13a

SSA BENEFITS NOT TRANSFERRED AS OF APRIL 8, 1978

1.	Addison, Steve	303-04-0172	1/9/78
2.	Albudy, Ida Mae	487-01-1159	3/4/78
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7.	Brady, Georgianne	[redacted]	no 21
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11.	Coleman, Mary	[redacted]	8/17/77
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13.	Cottingham, Mary	249-38-1675	2/3/78
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38.	Kennedy, Emma	487-03-4621	8/17/77
39.	Layton, Lisa	[redacted]	10/77
40.	Love, Heavenly	[redacted]	mail from Guyana
41.	McGowan, Alluvine	456-80-2690	8/12/77
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43.	McKinnis, Levatus	437-20-9204	3/29/78
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45.	Malloy, Lillian	124-14-0111	3/4/78

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F-3-b-13b

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55.	Sharon, Rose O.	185-44-3527	8/12/77
56.	Shelton, Rose	548-38-8705	no 21
57.	Smith, Bertha	437-12-4033	8/17/77
58.	Sneed, Novella	455-16-0848	8/24/77
59.	Stahl, Alfred R.	310-03-8968	8/23/77
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69.	Worley, Dorothy	[redacted]	8/23/77
70.	Young, Carol Ann	[redacted]	12/7/77
71.	Wright, Leomy	428-22-0096	mail from Guyana
72.	Nichols, Ida	367-26-9838	3/2/78

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F-3-b-13-c

F-3-b-14

APRIL 12, 1978

MARIA,

THIS IS A COPY OF MY NOTES FROM A CALL TO SOCIAL SECURITY (WHICH FINALLY CONNECTED TODAY).

1. I AM TO SEND 21'S DIRECTLY TO THE DISTRICT OFFICE INVOLVED.

2. I AM RETURNING TO YOU (MARIA) 21's MAILED HERE FROM PEOPLE WHO ARE ALREADY OVER THERE. STONE SAYS REGULATIONS REQUIRE THAT THESE 21's GO THROUGH THE EMBASSY THERE AND THEN TO DIO. SO...PLEASE DO NOT SEND 21'S TO ME THAT ORIGINATE IN GUYANA BECAUSE I WILL JUST HAVE TO SEND THEM BACK. (THOSE THAT ANSWER QUESTION #4b "no".)

3. THE CLAIMS MANUAL YOU ASKED FOR IS 13 VOLUMNS LONG AND IS UPDATED DAILY WITH TRANSMITTALS (6 or 7/day). THUS WHEN WE GET IT, IF WE DO, IT WILL BE OBSOLETE AND CAN ONLY BE USED BY FILING THE TRANSMITTALS WHICH WOULD BE MAILED SEPARATELY. STONE SAID HE HAD NEVER HEARD OF ANYONE BEING SENT THE TRANSMITTALS OTHER THAN AN SSA OFFICE. ANYWAY, I AM SENDING HIM A FORMAL REQUEST, IN WRITING, FOR BOTH THE MANUAL AND THE UPDATE TRANSMITTALS.

4. STONE HAS DONE NOTHING ON CHECKING ADDRESS CHANGES SINCE I LAST TALKED TO HIM, SO I AM SENDING HIM A COPY OF THE LIST I AM ATTACHING HERE TO GET ME FEEDBACK ON.

5. STONE AGREES THAT ANY 21's SUBMITTED BEFore THE FIRST OF THE YEAR WILL HAVE TO BE RESUBMITTED BECAUSE SOMETHING OTHER THAN PRECEDURAL DELAY. SO PLEASE REDO ALL THOSE ON THE ATTACHED LIST WHICH WERE SENT BEFORE THE TURN OF THE YEAR, AND SUBMIT THEM THROUGH THE EMBASSY THERE. IF NECESSARY, WE WILL HAVE TO FIND SOME WAY TO STAND ON THE EMBASSY THERE TO GET ACTION.

JAMES

6. THE PROCEDURE FOR TAKING CARE OF SITUATIONS LIKE J'S MOM IS TO PROVIDE THE EMBASSY WITH A DEATH CERTIFICATE. THEY THEN NOTIFY SSA AND SSA CONTACTS THE NEXT OF KIN (IN THIS CASE J). A FORM #1724 HAS TO BE FILLED OUT REQUESTING UNDERPAYMENT (FOR THE BACK CHECKS NOT RECEIVED). PROOF OF BIRTH WILL HAVE TO BE PRESENTED IN THE FORM OF A BIRTH CERTIFICATE.

MARIA,

Here is the CSA (Civil Service Annuity) address:

U.S. Civil Service Commission
Bureau of Retirement Insurance and
Occupational Health
P.O. Box 686
Washington, D.c. 20044

Here is the VA (Veterans Administration)

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Here is all I show on:

Hazel Newell	SSI only
Alluvine McGowan	?
Garnett Johnson	SSA $229.30 (7/77, 8/77, 9/77)
Vinnie Thompson	SSA $110.80 (7/77-2/78)
	SSI $205.20 (once upon a time)

Here's my resignation--this stuff is too much!

(ONLY KIDDING.)

JRR
3/24/78

F-3-b-15

This is the message that was never received.

MARIA,

I GOT INSTRUCTIONS TO RETURN THE SSI CHECKS INDIVIDUALLY, BUT NO INSTRUCTIONS AS TO HOW. PLEASE CHECK THIS OUT AND LET ME KNOW BY RADIO IF IT IS OKAY TO PROCEDE THIS WAY. I WILL SIMPLY ADDRESS AN ENVELOPE FOR EACH PERSON WHO HAS CHECKS TO RETURN. NO COVER LETTER OF EXPLANATION, NO RETURN ADDRESS, NO RETURN RECRIPT REQUESTED (AND THEREFORE NO RECRIPT OF THE CONTENTS). I WILL JUST MAIL THEM TO THE RESPECTIVE DISTRICT OFFICES.

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LOOKING FORWARD TO HEARING FROM YOU,

I REMAIN,

JAMES
4/11/78

No response on the next, so I've enclosed them again.
JAM

F-3-b-16a

SSA BENEFITS NOT TRANSFERRED AS OF APRIL 8, 1978

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F-3-b-16b

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70.	Young, Carol Ann	[redacted]	12/7/77
71.	Wright, Leomy	428-22-0096	mail from Guyana
72.	Nichols, Ida	367-26-9838	3/2/78

F-3-b-16c

APRIL 12, 1978

MARIA,

THIS IS A COPY OF MY NOTES FROM A CALL TO SOCIAL SECURITY (WHICH FINALLY CONNECTED TODAY).

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JAMES

6. THE PROCEDURE FOR TAKING CARE OF SITUATIONS LIKE J'S MOM IS TO PROVIDE THE EMBASSY WITH A DEATH CERTIFICATE. THEY THEN NOTIFY SSA AND SSA CONTACTS THE NEXT OF KIN (IN THIS CASE J). A FORM #1724 HAS TO BE FILLED OUT REQUESTING UNDERPAYMENT (FOR THE BACK CHECKS NOT RECEIVED). PROOF OF BIRTH WILL HAVE TO BE PRESENTED IN THE FORM OF A BIRTH CERTIFICATE.

F-3-D-17

FEBRUARY 14, 1978

MARIA,

THESE ARE SOME MISCELLANEOUS NOTES LEFT FROM THE INCOME SURVEY OF THOSE ALREADY GONE OVER. MOST OF THEM WILL, NO DOUBT, COME TO NOTHING, BUT IT IS WORTH GOING TO PEOPLE TO FIND OUT.

YOU MIGHT DISCUSS OVER THERE GOING THROUGH SOME KIND OF ACCREDITATION PROCEDURE WHICH WOULD ULTIMATELY RESULT IN OUR BEING RECOGNIZED BY SOCIAL SECURITY SO KIDS ELIGIBLE FOR SSA BENEFITS WHEN IN SCHOOL CAN RECEIVE THOSE BENEFITS WHILE THERE.

ON # 12, I WOULD ASK CHAIKIN WHAT CONSTITUTES GROUNDS FOR ANNULMENT. KAY AND THAT GUY MAY NEVER HAVE HAD A MARRIAGE IN THE USUAL SENSE. ON #21, I HAVE INCLUDED LEOMY WRIGHT BECAUSE I LEFT HER OUT OF THE REGULAR SSA LIST I SENT WITH TERRI.

MOST OF THE REST OF THESE JUST AMOUNT TO DISCUSSING WITH EACH INDIVIDUAL THE DETAILS OF THEIR SITUATIONS. IF POSSIBLE, YOU CAN RADIO ME ANYTHING WORTH WORKING ON AT THIS END.

JIM R.

F-3-b-18a

1. Boutee, Mark 560-15-8057
Eligible for SSA if in an accredited school?

2. Dennis, Eddie 437-52-0348
Heavy Equipment Operator Norris Industry 1967-1976
Union retirement?

3. Griffith, Mary 445-24-9331
Might be eligible because worked 10 years prior to leaving US, also on deceased husband's claim.

4. Grubbs, Lemuel Thomas 538-38-8992
Has he actually received money from State Teachers Retirement System?

5. Kennedy, Emma 487-03-4621
Any retirement coming from LA COUNTY School District. Worked from them 1972 through 1976

6. Kerns, Carol Ann 563-15-9846
Used to get $60/mo. from father as child support. Would he give her anything as a student, etc.?

7. Kice, Robert 567-78-0930
Did he receive a pension from Masonite?

8. Looman, Carolyn 294-38-7774
Did she have any benefits coming from her job?

9. Lowery, Ruth
Did she have any pension benefits coming from her job?

10. Johnson, Verna Lisa 437-01-5843
Naomi used to get SSA for her while she was in school. Might still be eligible if school was accredited.

11. Johnston, Laura [redacted]
Did she ever get her money form Mendocino County Welfare Department? Robin has no record of her receiving it.

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12. Rosas, Kay
SSA was discontinued following her marriage to some guy to keep him from going to Vietnam. Grounds for annulment? Benefits might be forthcoming if she were single again.

13. Sanders, Dorothy [redacted]
Has retirement coming from the Post Office. Being worked on from here now.

14. Sanders, Douglas 549-82-3731
Should have send in ID card and any equipment to recover his last checks. Does he have any retirement money coming?

F-3-b-18b

15. Simon, Alvin 570-60-7623
Is he eligible for anything from BIA, like Dorothy Simpson.

16. Souder, Martha 432-34-3792
Anything due her because she was married (and divorced) form ILWU worker?

17. Turner, Bruce 455-02-7485
Did he receive any pension from Masonite?

18. Victor, Lillie
Was cut off SSA when she moved up from LA. Pending school attendance.

19. Williams, Charles Wesley 563-58-3117
SSA transfer document mailed 10/31/77

20. Wilsey, Janice
Eligible to any BIA money?

21. Wright, Leomy 428-22-0096
Wright, Leomy 461-38-2055
Wright, Leomy for kids

F-3-b-18c

MARIA,

Here is the CSA (Civil Service Annuity) address:

U.S. Civil Service Commission
Bureau of Retirement Insurance and
Occupational Health
P.O. Box 686
Washington, D.c. 20044

Here is the VA (Veterans Administration)

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Here is all I show on:

Hazel Newell	SSI only
Alluvine McGowan	?
Garnett Johnson	SSA $229.30 (7/77, 8/77, 9/77)
Vinnie Thompson	SSA $110.80 (7/77-2/78)
	SSI $205.20 (once upon a time)

Here's my resignation--this stuff is too much!

(ONLY KIDDING.)

JRR
3/24/78

F-3-b-19

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(ONLY KIDDING.)

JRR
3/24/78

F-3-b-20

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY

August 15, 1978

Dear Pensioner:

Pursuant to our letter of April 17, 1978, a copy of which is enclosed for your reference, we have not received the requested verification of your existence.

This letter will serve as notification that we are withholding the August 1, 1978 and all future pension checks, until the information requested has been received.

If you have any questions regarding the matter, please do not hesitate to contact this office.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
opeiu #3
afl/cio/130

Enclosure

F-3-b-21a

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

TRUSTEES
GEORGE HARDY
GERALD KIRSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS E. CHENEY

April 17, 1978

Dear Pensioner:

Since the Building Service Employees Pension Trust Fund pension benefit is only payable to the pensioner during his or her lifetime, ending with the last monthly payment preceding his or her death, it has become necessary for the Pension Office to verify the existence of all pensioners residing outside the United States.

Therefore, unless this office receives verification of your existence verified by an appropriate American Consular by August 1, 1978, your pension benefits will be suspended.

If you have any questions, please do not hesitate to contact this office.

Sincerely yours,

PENSION TRUST FUND

tj
opeu-3
afl-cio-130

F-3-b-21b

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

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PENSION TRUST

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opeiu #3
afl/cio/130

Enclosure

F-3-b-22a

Building Service Employees Pension Trust

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240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

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Sincerely yours,

PENSION TRUST FUND

tj
opeu-3
afl-cio-130

F-3-h-22h

b6
b7C

VIVIAN I. ANDERSON

[redacted]

DATE	SOURCE/EXPLANATION	AMOUNT	BALANCE	PREVIOUS BALANCE
1977 4 3	SSA for Mar.	216.00	216.00	—
4 3	~~[illegible] May [illegible]~~	216.00	432.00	216.00
5 3	SSA for Apr.	216.00	648.00	432.00
17	Vivian Anderson, bank account	784.45	1432.45	648.00
7 3	SSA for June	230.10	1662.55	1432.45
9 1	" Aug	5.90	1668.45	1662.55
8 3	" July	123.70	1792.15	1668.45
				1792.15

F-3-b-23

© WILSON JONES COMPANY 6T503 GREEN PAT. APPL. FOR 877 MADE IN U.S.A.

Supplemental Security Income
Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 06-01-78

Social Security Number: [redacted]

b6
b7c

VIVIAN I ANDERSON
1435 ALVARADO
TERRACE APT 210
LOS ANGELES CA 90006

BEGINNING JULY 1978 THE AMOUNT DUE YOU WILL BE INCREASED.

THE AMOUNT DUE YOU WILL BE $111.90. THIS INCLUDES $111.90 FROM THE STATE OF CALIFORNIA.

THE REASON THE AMOUNT DUE YOU IS BEING RAISED IS THAT THE LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME PAYMENTS EACH JULY IF THERE WAS AN INCREASE IN THE COST OF LIVING DURING THE PAST YEAR.

IN FIGURING THE AMOUNT OF YOUR PAYMENTS WE CONSIDERED ALL INCOME WHICH WILL BE AVAILABLE TO YOU IN JULY. OUR RECORDS SHOW THAT YOUR TOTAL MONTHLY INCOME IN JULY WILL BE $230.10.

THIS AVERAGE MONTHLY INCOME IS BASED ON THE FOLLOWING INCOME—

YOUR INCREASED SOCIAL SECURITY BENEFIT, BEFORE ANY DEDUCTIONS FOR MEDICARE MEDICAL INSURANCE PREMIUMS, OF $230.10. YOU SHOULD RECEIVE THE INCREASED GREEN-COLORED CHECK ABOUT JULY 03.

F-3-b-24

Important: See other side for an explanation of your appeal rights and other information. ▶

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Please get in touch with social security if:

You believe the decision shown on the other side of this notice is wrong, *or*

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you have the right to appeal. The first step in the appeals process is called reconsideration. YOU MUST REQUEST RECONSIDERATION IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. If you cannot send us a written request for reconsideration within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are different ways of presenting cases for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The methods of reconsideration are:

1. CASE REVIEW. In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office. For a medical determination, the case review is made by the disability determination agency of the State in which you live and is the only type of reconsideration available.

2. INFORMAL CONFERENCE. In addition to the rights you have in case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented. The informal conference is not used for appeal of determinations involving medical matters.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your social security office for names of organizations that can help you.

THIS IS NOT A BILL

F-3-b-25

USE THE ENCLOSED REQUEST FOR MEDICARE PAYMENT FORM THE NEXT TIME YOU WISH TO CLAIM MEDICARE PAYMENT.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

• VIVIAN ANDERSON
1435 ALVARADOTERRACE
LOS ANGELES CA 90006

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	BLUE SHIELD CONTROL NO.	PROCEDURE NO.			SERVICE DATES FROM MO DAY YR	SERVICE DATES TO MO DAY YR	CHARGES SUBMITTED	CHARGES AMOUNT APPROVED BY MEDICARE	DEDUCTIBLE	REIMB RATE %	— NET PAY
KENNETH E AHERN 000E14320	967811491511073630	0201	4		112277	112277	6000	3000		800	
	APPROVED CHARGE ADJUSTED AFTER REVIEW OF CLAIM										
	TOTAL FOR THE ABOVE CLAIM						6000	3000	00		2400
AN ADJUSTMENT TO PREVIOUS CLAIM 017734201739O.											
IMPORTANT: INFORMATION ONLY. PAYMENT OR NOTIFICATION SENT DIRECTLY TO PROVIDER OF SERVICE											

THIS IS NOT A BILL

HEALTH INSURANCE CLAIM NUMBER	PATIENT'S NAME			
[redacted]	ANDERSON VIVIAN		6000	3000 ◀ CLAIMS TOTALS
DATE	CLAIMS INCLUDED IN THIS SERVICE	STATEMENT NO.		3000 ◀ TOTAL AMOUNT APPROVED BY MEDICARE SUBJECT TO DEDUCTIBLE AND COINSURANCE
05 31 78	01	023138279		00 ◀ THIS WENT TOWARD ANNUAL DEDUCTIBLE

b6
b7C

YOU HAVE NOW MET $ 60.00 OF THE ANNUAL $ 60.00 DEDUCTIBLE FOR 1977

BALANCE PAYABLE AT 80% ▶ 3000 | 00 ◀ 80% OF BALANCE

INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL ▶ 00

TOTAL MEDICARE PAYMENT ◀ 2400

BLUE SHIELD of California

P.O. BOX 7960
SAN FRANCISCO, CA 94120
TELEPHONE ▶ 415-445-5781

KEEP THIS NOTICE FOR YOUR RECORDS

461-004

PLACE OF SERVICE CODES

1 Office	4 Skilled Nursing Facility
2 Home	5 Outpatient Hospital
3 Inpatient Hospital	6 Independent Laboratory
	7 Other

1 IMPORTANT — YOU CAN USE THIS NOTICE

a. To show your physician or supplier how much of the annual deductible you have met as of the date of this notice.

b. As a record of bills paid or deferred (If you sent in other medical expenses not shown on this form, you will get a separate notice.)

c. To collect other insurance. If you have other health insurance, you may use this notice to claim the benefits from your private insurance policy. Since your private insurance company may keep this notice, you may wish to keep a record of this information or ask your insurance company for a photocopy.

2 IF YOU NEED MORE INFORMATION

a. Check your Medicare Handbook,

b. Contact a Social Security Office, or

c. Contact Blue Shield of California, P.O. Box 7968, San Francisco, Ca 94120, (415) 445-5781

3 *TIME LIMIT FOR FILING CLAIMS*

For Services Received	File Claims By
Oct. 1, 1972 - Sept. 30, 1973	Dec. 31, 1974
Oct. 1, 1973 - Sept. 30, 1974	Dec. 31, 1975
Oct. 1, 1974 - Sept. 30, 1975	Dec. 31, 1976
Oct. 1, 1975 - Sept. 30, 1976	Dec. 31, 1977
Oct. 1, 1976 - Sept. 30, 1977	Dec. 31, 1978

Where a person could not file his claim within these limits because of an error or delay of the Social Security Administration or of a Medicare carrier or intermediary, the time limit may be extended if the claim is filed within 6 months after the error is corrected.

WHERE TO SEND REFUNDS

When refunding a payment you should send the check with a letter of explanation. The letter should include your Blue Shield check number, beneficiary name and Medicare identification number (HIC No.) and claim number to which the payment relates. Send this information to:

BLUE SHIELD OF CALIFORNIA
Cash Receiving
P. O. Box 3637 Rincon Annex
San Francisco, California 94119

ALWAYS INCLUDE YOUR HEALTH INSURANCE CLAIM NUMBER and the control number indicated on the explanation of Medicare benefits form when writing about your claim. Take this notice with you if you inquire at your Social Security office.

PLEASE KEEP THIS FORM FOR YOUR RECORDS

TYPE OF SERVICE CODES

1 Medical Care	A Specific Diagnostic Services	G Psychiatric
2 Surgery	B Specific Therapeutic Services	H Durable Medical Equipment Rental
3 Consultation	C Immunization Injections	J Durable Medical Equipment Purchase
4 Diagnostic X-Ray	D Medical Supplies	K Chiropractic Care
5 Diagnostic Laboratory	E Non-Surgical Operating Room Expenses	L Durable Medical Equipment Installation
6 Radiation Therapy	F Physical Therapy	P Prescription
7 Anesthesia		X X Ray Portable X Ray Provider
8 Assistance at Surgery		
9 Other Medical		
0 Whole Blood and Packed Red Blood Cells		

4 HOW MUCH DOES MEDICARE PAY

Medicare pays 80% of the charges in the "Amount Approved by Medicare" column above the annual deductible. The annual deductible is now $60. For calendar years before 1973 it was $50.

Medicare pays 100% of the charges in the "Amount Approved by Medicare" column for radiology and pathology services from physician while you are a bed patient in a qualified hospital.

5. IF PAYMENT NOT BASED ON THE FULL AMOUNT BILLED

The amount Medicare may pay under law is limited to the lowest of:

a. Customary charge (i.e., the charge made by the physician or supplier in 50% his billings during the base year.

b. Prevailing charge (i.e., the charge made 75% of the time by other physicians or suppliers for similar services in the area during the base year.)

6 YOUR RIGHT TO REVIEW OF THE CASE

If you have a problem or question about the way your claim was handled or the amount paid, please get in touch with Blue Shield of California, P.O. Box 7968, San Francisco, CA 94120, (415) 445-5781 within 6 months of the date of this notice.

The Social Security Office will help you file a request for review of your claim if it is more convenient.

REMARKS

I SSA records indicate that either the name or health insurance number is incorrect. Please contact your local Social Security Office for assistance in filing your claim.

II SSA records indicate that you have never enrolled in the Medicare Part B Medical Insurance Program. Payment cannot be made for this claim.

III We are unable to finalize this claim. Please contact your local Social Security Office for assistance in refiling the claim for this deceased beneficiary.

IV Reimbursement for purchased durable medical equipment is made in monthly installments. This payment is based on the recognized monthly rental charge. You will receive these monthly installments until the recognized purchase price has been met, except that the installments will stop if your condition no longer requires the use of the equipment.

V More specific information is required to review this claim. Our efforts to obtain such information have been unsuccessful.

VI If you did not know that Medicare does not pay for this medical service for this condition you may request a review of this decision. See paragraph above entitled "YOUR RIGHT TO A REVIEW OF THE CASE."

VII An alien who has been outside of the United States for six full consecutive calendar months is not eligible for health insurance benefits. Payment can only be made to such an alien for the first full month of presence in the United States. It has been determined that payment cannot be made in this case for the date of service indicated.

Checking Account Statement

CROCKER NATIONAL BANK

ACCOUNT NUMBER	PERIOD ENDING	DEPOSITS	CHECKS	SERVICE CHG	BEGINNING BALANCE	ENDING BALANCE
333 141580	06-06-78			.00	52513	52513

F-3-b-26

VIVIAN I ANDERSON 333
1731 W 53RD STREET
LOS ANGELES CAL 90062

0000
11

H

LEIMERT PARK 333

CHECKS	CHECKS	CHECKS	DEPOSITS	DATE	BALANCE
TOTAL CHKS/CHRGS .00			TOTAL DEPOSITS .00		

CODE DEFINITIONS — CHECKS OR SPECIAL SERVICES; S SERVICE CHARGE; P AUTOMATIC PAYROLL DEPOSIT; T AUTOMATIC PAYMENT DEPOSIT; R REVERSAL

DB-0010 (REV 12-77)

CHLOTILE BUTLER

365-[illegible]-9917

	DATE	SOURCE/EXPLANATION	AMOUNT (1)	BALANCE (2)	PREVIOUS BALANCE (3)
1977 1	9 2	SSA for Aug.	148 90	148 90	—
2	10 3	" Sept.	148 90	297 80	148 90
3	11 3	" Ins.	133 50	531 30	297 80
4	12 2	" Nov.	141 20	672 50	531 30
1978 5	1 3	" Dec.	141 20	813 70	672 50
6	2 "	" Jan.	141 20	954 90	813 70
7	3 "	" Feb.	141 20	1096 10	954 90
8	5 "	" Apr.	141 20	1237 30	1096 10

F-3-b-27

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UNITED STATES
CIVIL SERVICE COMMISSION
WASHINGTON DC 20415

OFFICIAL BUSINESS
Penalty for Private Use $300

POSTAGE AND FEES PAID
U. S. CIVIL SERVICE COMMISSION

POSTMASTER:
PLEASE FORWARD
If undeliverable after 30 days, please return to sender.

DONALD R BOWER
% PAUL ADAMS
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA

91
A0569694

F-3-b-28a

CON 117-13-7
JULY 1978

REQUEST FOR REGISTRATION FORM OR BROCHURES

Please send me a registration form, together with a brochure for the following named plan(s).
*I want to **consider** changing from the Retired Program to a plan in the Employee Program.*
*I understand that I can be enrolled on only **one** of the two Programs.*

☐ *Service Benefit Plan* ☐ *Other*

☐ *Indemnity Benefit Plan*

Print or type your full name and mailing address. Place a postage stamp on the other side and drop into mail box.

Name	
Street Address	
City, State and Zip Code	

This special post card has been prepared to speed the return of health benefits information to you. Please do not use it for any other purpose.

F-3-b-28b

BRI 41-297C
September 1978

RETURN ADDRESS

Name

Street

City State Zip

Place stamp here

U.S. Civil Service Commission
BRIOH, ATTN: Health Benefits Task Force
P.O. Box 14172
Washington, D.C. 20044

SUMMARY OF BENEFITS—
Indemnity Benefit Plan, Low Option

Kinds of Expenses	Low Option Pays
Hospital Inpatient (room and board, operating room, X-rays, etc.).	100% of first $1,000 of room and board plus 75% of any additional room and board plus 75% of all other hospital charges. (If you have Parts A and B of Medicare, you do not have to pay the remaining 25%; benefits are paid at 100%).
Hospital Outpatient Charges, and Surgical/Medical expenses (such as surgery, X-ray and laboratory tests, physicians' office visits, prescription drugs, private duty nursing, physical therapy, ambulance, etc.).	75% of allowable charges after the patient meets annual $75 deductible. (If you have Parts A and B of Medicare, benefits are paid at 100% after the $75 deductible).
Maximum benefits.	For treatment of mental disorders only: Inpatient—$15,000 per person per year; Outpatient—$750 per person per year. There are no other annual or lifetime maximum dollar limits.

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
Washington, D.C. 20415

ANNOUNCING AN OPPORTUNITY FOR YOU TO ENROLL IN THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

New Civil Service Commission regulations allow you to enroll in the Federal Employees Health Benefits Program (**Employee Program**).

The new regulations apply to annuitants who participate in, or are eligible to participate in, the Retired Federal Employees Health Benefits Program (**Retired Program**). The **Retired Program** is for most Federal employees who retired before July 1, 1960, and their survivor annuitants. The new regulations allow you to change to the **Employee Program** previously available only to current employees and most people whose annuity began on or after July 1, 1960.

Our records show that you may be eligible for the **Retired Program** although you are not now participating in it. If so, you also are eligible for coverage under the **Employee Program**. This leaflet gives information to help you decide whether you want to enroll in the **Employee Program**.

If you are not now participating in the **Retired Program** because you are covered under your spouse's family enrollment in the **Employee Program**, you cannot have a separate enrollment in the **Employee Program** unless your spouse changes to a self only enrollment.

H-3-1-28-2

THE ADDRESS OF YOUR RETIREMENT SYSTEM IS:

- **For health benefits correspondence only:**
  U.S. Civil Service Commission
  Bureau of Retirement, Insurance, and Occupational Health
  P.O. Box 14172
  Washington, D.C. 20044
- **For all other correspondence use the address at the top of this page.**

BRI 41-297
September 1978

Information About the *Employee Program*

There are a variety of plans and benefits under the **Employee Program**, and some are considerably more expensive than others. However, the low option of either the Service Benefit Plan (sponsored by Blue Cross and Blue Shield) or the Indemnity Benefit Plan (sponsored by Aetna Life and Casualty) is a very good supplement to Medicare and premium costs are reasonable. The monthly cost to you for one of these two options in 1979 will be:

Service Benefit Plan:	Self Only $3.75	Family $10.87
Indemnity Benefit Plan:	Self Only $5.26	Family $12.45

On the following pages are brief summaries of the low option benefits of the Service Benefit Plan and the Indemnity Benefit Plan. All family enrollments under the **Employee Program** cover your unmarried children until age 22.

If you are interested in enrolling in one of the plans in the *Employee Program*—

- Complete the enclosed self-addressed postcard and we will send you a registration form and brochures for the plan(s) in which you are interested.
- Enrollment in one of the plans in the Employee Program will be effective no earlier than January 1, 1979, or the first of the month following our receipt of your completed registration form, whichever is later.
- Your share of the cost of enrollment will be withheld from your annuity payment.

SUMMARY OF BENEFITS—
Service Benefit Plan, Low Option

Kinds of Expenses	Low Option Pays
Hospital Inpatient (room and board, operating room, X-rays, etc.).	100% of covered charges in a Blue Cross member hospital up to 90 days. After 90 days, Supplemental Benefits are payable (at 100% if you have Part B of Medicare).
Hospital Outpatient charges incurred within 72 hours after emergency care or surgery, and for diagnostic tests and certain other types of care.	100% of covered hospital charges.
Home Health care (including nursing care, prescription drugs, physical therapy, and physicians' home visits) provided by a home health care organization that has a written agreement with the local Blue Cross Plan.	100% of covered care up to 30 days following discharge from a hospital.
Surgical/Medical (such as surgery, anesthesia, X-ray and laboratory tests, and inhospital physician care).	Up to amounts set by fee schedule. Any balance is eligible for Supplemental Benefits (at 100% if you have Part B of Medicare).
Physicians' home/office visits, prescription drugs, private duty nursing, ambulance, physical therapy, durable medical equipment, etc,	Supplemental Benefits—75% of allowable charges after the patient meets annual $200 deductible. (If you have Part B of Medicare, you do not have to meet the $200 deductible or pay the remaining 25%; benefits are paid at 100%).
Maximum benefits.	There is a lifetime Supplemental Benefits (only) limit of $150,000 per person, except that the lifetime Supplemental Benefit for treatment of mental disorders is limited to $50,000.

NEED MORE HEALTH BENEFITS ENROLLMENT INFORMATION?

CALL 800-424-8030 TOLL FREE OR 653-5485 in the Washington Metropolitan Area

If you need an explanation for any of the information in the enclosed leaflet about your opportunity to enroll in the Federal Employees Health Benefits *Program, you can call one of the above toll-free* numbers (if you live within the continental United States). Unfortunately, you cannot use the toll-free number to call from Alaska, Hawaii, Puerto Rico, or a foreign country.

Starting September 18, 1978, you may call Monday through Friday between the hours of...

8:30 AM — 3:00 PM
Your Local Daylight Time

These lines will be available for use through December 31, 1978.

Please use these lines only to ask questions about changing your health benefits enrollment from one program to the other (see enclosed leaflet). The person who will answer the telephone is specially trained only to answer your questions about this subject and will not be able to help you with other retirement matters.

If you only need brochures and a registration form, please do not call, but follow the instructions in the leaflet. Of course, if you want to continue your present enrollment, you need do nothing.

We have also arranged for a special post office box for receiving your requests for information. Please address correspondence to us about this subject only to:

U.S. Civil Service Commission
BRIOH, ATTN.: Health Benefits Task Force
P.O. Box 14172
Washington, D.C. 20044

F-3-b-28d

BRI 48-287D
September 1978

COUNTY OF LOS ANGELES

STATEMENT OF ALLOWANCE AND DEDUCTIONS

TO BE RETAINED BY RETIRED MEMBER

Geraldine Bailey

	MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
1	15927	103178	0464456	32415	5164	37579		37579	372505

MISCELLANEOUS DEDUCTION CODES AND AMOUNTS

YTD Federal Tax 0000000

MISCELLANEOUS DEDUCTION CODES AND AMOUNTS

YTD State Tax 0000000

CODES FOR MISCELLANEOUS DEDUCTIONS

20 Canada & Rosanda C.U.	57 LAC-USC Med. Cntr. C.U.	64 Ca. Employees Association	71 Bond Loan
21 Cal-Vet Home No. 11	58 Public Services C.U.	65 Sheriffs Retired Assoc.	72 Bond Coupon
22 Power Employees C.U.	59 Harbor Hospitals C.U.	66 Local 1014 (Firefighters Association)	73 Occupational
23 Pensions & Agnts. C.U.	60 Olive View C.U.	67 P.O. Protective Association	74 Federal Tax Withheld
24 Sheriffs Los Angeles C.U.	61 Long Beach Gen. Hosp. C.U.	68 Retired Employees of LA County	75 State Tax Withheld
25 Supervisors C.U.	62 John Wesley Co. Hosp. C.U.	69 Medicare	76 Local 1014 Death/Life Insurance
26 Civic Center C.U.	63 Rural Centinel Bus. C.U.	70 Kaiser	77 Dental/Vision Insurance

NOT NEGOTIABLE

F-3-h-29

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
FOX PLAZA BUILDING
1390 MARKET STREET, #1018
San Francisco, California 94102 • Telephone (415) 552-9060

TRUSTEES
GEORGE HARDY
GERALD KELSO
•
ALTERNATES
WILLIAM SUNDBY
ROBERT D. AMACKER
•
ADMINISTRATOR
ELLIS S. CHENEY

September 29, 1978

Mr. Miller Bridgewater
P.O. Box 893
Georgetown Guyana
SOUTH AMERICA

Dear Pensioner:

This letter will serve as notification that your retirement benefits have been suspended, as we have not received verification of your existence, as requested in our letters of April 17, 1978 and August 15, 1978.

If you are unable to obtain the written verification from the United States Embassy, verification by responsible individuals other than embassy or consular employees would be acceptable. Therefore, we are enclosing the form "Verification of Identity" that is to be completed in it's entirety and returned to this office immediately.

Upon receipt of the properly completed and verified form, all suspended payments will be issued to you immediately.

Your cooperation and promptness in resolving this matter would be appreciated.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
seiu #3
afl/cio/130

Enclosure

F-3-b-30

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Baltimore, Maryland

FIRST NAME OF PERSON ABOUT WHOM REPORT IS MADE	SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFIT IS PAID (Nine digit number (000-00-0000) followed by a letter or a letter and a number B, C, D, E, F, or H. Your report cannot be processed without the number)
GENEVA BEAL	428 01 8570

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized by sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and [illegible]).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. ☒ CHANGE OF ADDRESS *(Print new address after signature below)*
   Check if change is for: ☒ More than 6 mos. ☐ 6 mos. or less

2. ☐ EMPLOYMENT *(As employee or as self-employed person)*		DATE OF EMPLOYMENT
3. ☐ MARRIAGE	GIVE PLACE OF MARRIAGE	DATE OF MARRIAGE
4. ☐ DIVORCE OR ANNULMENT		DATE DECREE FINAL
5. ☐ CHILD OR OTHER CLAIMANT LEFT YOUR CARE		DATE CLAIMANT LEFT YOUR CARE
6. ☐ DEATH		DATE OF DEATH
7. ☐ PERSON RECEIVING DISABILITY BENEFITS		MONTH - DAY - YEAR
☐ Returned to work		
☐ Condition improved		MONTH - DAY - YEAR

8. ☐ CHANGE OF CITIZENSHIP *(If checked give):*

No longer citizen of _____ (Country) Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT	DATE SIGNED
Geneva Beal	10-14-[illegible]

MAILING ADDRESS (NUMBER AND STREET)
P.O. Box 893

CITY OR TOWNSHIP	POSTAL CODE	COUNTRY
GEORGETOWN	894	GUYANA

Form SSA-1428F (3-77) Replaces SSA-1429FC and SSA-1429FC NA which are obsolete

(OVER)

F-3-h-31

Social Security Benefit Information

F-3-b-32

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR5166:PE

Jossie Chambliss
% Mission Village
PO Box 893
Georgetown GUYANA 894

Date November 1, 1978

Your Claim Number
057-18-2089 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

EMPLOYEE'S EARNINGS STATEMENT - DETACH AND RETAIN FOR TAX RECORDS

EMPLOYEE NAME	DEPT.	EMPLOYEE NUMBER	PERIOD ENDING	CHECK NUMBER
I CONEDY	21-3	444-16-3639-8	08/19/78	257532

EARNINGS			TAXES AND DEDUCTIONS		
TYPE OF EARNINGS	HOURS	AMOUNT	DEDUCTIONS	CURRENT AMOUNT	YEAR-TO-DATE AMT
OT SHFT ADJ		9.02	FEDERAL W/H		
			FICA	.55	.55
			SDI	.09	.09
			STATE W/H		
			DEDUCTIONS / CURRENT AMT	DEDUCTIONS	CURRENT AMT

NOT NEGOTIABLE

F-3-b-33

YR TO DATE GROSS EARN.	CURRENT GROSS EARNINGS	LESS	TOTAL CURRENT DEDUCTIONS	NET CHECK AMT.
9.02	9.02		.64	****8.38

STANFORD UNIVERSITY HOSPITAL · STANFORD, CALIFORNIA 94305

Central Payroll/Personnel Operations
P.O. Box 2837
Seal Beach, CA 90740

Rockwell International

LOS ANGELES CALIF SEP 29 '78

ADDRESS CORRECTION REQUESTED
FORWARDING AND RETURN POSTAGE GUARANTEED

041/HS/XA02
N CLAY
P O BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA 00000

F-3-b-34a

Corporate Offices
600 Grant Street
Pittsburgh, PA 15219

Rockwell International

EMPLOYEE BENEFIT INFORMATION

PLAN ADMINISTRATOR - Staff Vice President,
Employee Benefit Programs
Rockwell International Corporation
Corporate Offices
600 Grant Street (PA60)
Pittsburgh, PA 15219
(412) 565-7100

EMPLOYER IDENTIFICATION NUMBER
(Rockwell International Corporation): 95-105-4708

TO: ALL PARTICIPANTS IN THE ROCKWELL INTERNATIONAL CORPORATION RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS AND NORTH AMERICAN SPACE OPERATIONS) (Plan 002)

RE: SUMMARY ANNUAL REPORT (January 1, 1977 - December 31, 1977)

The Employee Retirement Income Security Act of 1974 (ERISA) requires that employers offering benefit plans provide participants with a summary of the financial condition of those plans on a yearly basis. In line with this requirement, we are providing this Summary Annual Report (SAR) which is concerned with the Plan named above. This SAR summarizes the financial information filed with the Internal Revenue Service in July of 1978, and it applies to the Plan's activities for the January 1, 1977 - December 31, 1977 Plan Year.

This SAR shows the assets, liabilities, income and expenses of the Plan and provides certain other information concerning the condition of the Plan as of December 31, 1977. The provision of this information is the sole purpose of this SAR.

Plan Participants and beneficiaries may obtain copies of the following more detailed annual report information for a reasonable charge, or inspect it without charge: The latest full annual report, or any parts of the report including a list of any assets held for investment and a list of transactions involving more than three percent of plan assets. To obtain a copy of any of these documents, write to the Plan Administrator asking for what you want. The Plan Administrator will state the charge for specific documents upon request, so that you can find out the cost before ordering. All the documents listed can be examined at the office of the Plan Administrator at the address shown above, or at your local Personnel Office within 10 days after you complete the proper form at that office.

F-3-a-34h

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ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF NET ASSETS
DECEMBER 31, 1977 AND 1976

	1977	1976
ASSETS		
INVESTMENTS - At market value (Note 1):		
Certificates of deposit (cost - 1977, $5,363,906; 1976, $6,866,450)	$ 5,363,906	$ 6,866,450
Commercial paper (cost - 1977, $14,183,000; 1976, $2,355,000)	14,183,000	2,355,000
U.S. Government securities (cost - 1977, $55,766,383; 1976, $42,262,685)	54,850,943	43,168,495
Foreign securities (cost - 1977, $2,182,863; 1976, $2,182,862)	2,163,880	2,249,000
Corporate debt securities (cost - 1977, $25,938,695; 1976, $20,329,727)	25,547,215	20,893,108
Corporate stocks:		
Preferred (cost - 1977, $1,068,000; 1976, $1,068,000)	918,750	1,081,875
Common (cost - 1977, $52,735,916; 1976, $61,834,635)	48,752,527	65,554,703
Real Estate (cost - 1977, $97,594; 1976, $97,594)	75,000	75,000
Loans and trust deeds (cost - 1977, $1,703,618; 1976, $2,009,801)	1,733,896	2,040,081
Common trust funds (cost - 1977, $21,484,905; 1976, $17,932,594)	21,484,905	17,932,594
Total	175,078,022	162,216,306
RECEIVABLES:		
Rockwell International Corporation contribution (Note 2)	11,295,000	9,181,000
Accrued interest and dividends	1,638,047	1,084,610
Total	12,933,047	10,265,610
CASH	167,420	64,801
TOTAL	$188,178,489	$172,546,717
LIABILITIES AND NET ASSETS		
NET ASSETS (Note 2)	$188,178,489	$172,546,717

See notes to financial statements.

F-3-b-34c

EIN: 95-105-4708
PN: 002

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 1977 AND 1976

	1977	1976
INCREASES:		
Contributions from Rockwell International Corporation	$ 32,995,000	$ 23,881,000
Investment income:		
Interest	7,702,583	5,465,946
Dividends	2,392,568	2,089,472
Rents	11,082	8,397
Other	1,022	787
Total investment income	10,107,255	7,564,602
Net unrealized appreciation of investments (Note 3)		14,051,578
Total	43,102,255	45,097,180
DECREASES:		
Benefit payments	15,693,166	12,999,486
Net realized loss on disposition of investments	1,043,570	5,434,994
Net unrealized depreciation of investments (Note 3)	10,727,816	
Administrative expenses	9,931	
Total	27,474,483	18,444,993
INCREASE IN NET ASSETS	15,627,772	26,652,187
NET ASSETS, BEGINNING OF YEAR	172,546,717	145,894,530
NET ASSETS, END OF YEAR	$188,174,489	$172,546,717

See notes to financial statements.

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EIN: 95-105-4708
PN: 002

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND RELATED MATTERS:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Expenses of the Plan are paid by either the Plan or Rockwell International Corporation ("Rockwell") as provided in the Plan.

Investments are generally stated at market value. Investments in securities traded on security exchanges are valued at the last reported sales price on the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at bid quotations. In instances wherein current sales prices or bid quotations are not available, securities are stated at current values as estimated by independent investment brokerage firms. Loans and trust deeds are valued at the unpaid balance. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Security transactions are accounted for on the dates of settlement and realized gains or losses from such transactions are computed on an average cost basis.

2. INFORMATION REGARDING THE PLAN:

Administration:

The Employee Benefit Plan Committee of Rockwell, the Retirement Committee of the Plan and the Plan Administrator control and manage the operation and administration of the Plan. Security Pacific National Bank and The Shawmut Bank of Boston, N.A., which replaced the First National City Bank effective April 1, 1976, serve as the trustees and manage the assets of the Plan.

F-3-b-2

KIN: 95-105-4708
PN: 002

Participation:

The Plan is a defined benefit pension plan extended to eligible employees on the hourly payroll of the Electronics Businesses, North American Aircraft Group and North American Space Operations of Rockwell.

Vesting:

Employees generally become fully vested after 10 years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

Benefits:

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits and for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity.

Funding:

Contributions to provide benefits under the Plan are made solely by Rockwell. Annual contributions are computed by the Plan's actuary using the aggregate cost method under which all presently unfunded costs, including prior service costs, and all changes in costs due to experience or other factors are amortized over the remaining service lives of the participants. Such contributions are paid to the trustee in cash, generally within 255 days following the close of Rockwell's fiscal year.

Priorities Upon Termination of the Plan:

In the event the Plan is terminated and its assets are distributed and this distribution results in liability of the Pension Benefit Guaranty Corporation ("PBGC"), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the Employee Benefit Plan Committee. If this distribution could not result in liability of the PBGC, the assets shall be allocated to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the following order of priority:

- those receiving benefits as of the termination date
- those employees and terminated vested employees aged 55 or over with 10 or more years of vesting service eligible for normal or early retirement or disability benefits as of the termination date

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F-3-b-34f

- those employees and terminated vested employees at least age 45 but less than 55 with 10 or more years of vesting service eligible for retirement benefits as of the termination date

- those employees and terminated vested employees under age 45 with 10 or more years of vesting service eligible for retirement benefits as of the termination date

- those remaining employees who have a pension interest because of service as of the termination date.

Changes in Plan During Year:

The following changes in the Plan were negotiated in 1974 to be effective in 1977:

- Effective January 1, 1977, the monthly retirement benefit was increased from $9.00 to $10.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1975.

- Effective January 1, 1977, the monthly retirement benefit was increased from $8.50 to $9.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1972 but prior to January 1, 1975.

- Effective January 1, 1977, the monthly retirement benefit was increased from $8.00 to $9.00 per year of credited service for those participants commencing retirement benefits prior to January 1, 1972.

Tax Status:

During the year, the Internal Revenue Service ruled that the Plan, as amended to comply with The Employee Retirement Income Security Act of 1974, continued to qualify as a tax-exempt defined benefit plan under the applicable provisions of the Internal Revenue Code and therefore investment income earned by the Plan is not subject to Federal income taxes.

F-3-b-34g

EIN: 95-105-4708
PN: 002

3. UNREALIZED APPRECIATION (DEPRECIATION):

Unrealized appreciation (depreciation) of investments at December 31, 1977 and 1976 and the net change during each year were as follows:

	1977	1976
Balance at beginning of year.....	$ 5,276,958	$(8,774,620)
Net change during year.....	(10,727,816)	14,051,578
Balance at end of year.....	$(5,450,858)	$ 5,276,958

4. VESTED BENEFITS:

As of January 1, 1977 the present value of vested benefits, as determined by the Plan actuary, The Wyatt Company, amounted to approximately $320,000,000.

F-3-b-34h

A02

Deloitte Haskins & Sells

Two Gateway Center
Pittsburgh, Pennsylvania 15222
(412) 263-6900
TWX 710-664-2193

AUDITORS' OPINION

Rockwell International Corporation
Retirement Plan for Eligible Employees on
the Hourly Payroll (Electronics Operations,
North American Aircraft Operations and
North American Space Operations):

We have examined the statements of net assets of the Rockwell International Corporation Retirement Plan for Eligible Employees on the Hourly Payroll (Electronics Operations, North American Aircraft Operations and North American Space Operations) as of December 31, 1977 and 1976 and the related statements of changes in net assets for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including confirmation of the investments held in trust at December 31, 1977 and 1976 by correspondence with the trustees.

In our opinion, such financial statements present fairly the financial position of the Plan at December 31, 1977 and 1976 and the changes in its net assets for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

DELOITTE HASKINS & SELLS

June 30, 1978

F-3-b-34i

A02

VETERANS ADMINISTRATION

211 MAIN ST 44 OCTOBER 03, 1978
SAN FRAN CA 94105

IN REPLY REFER TO: 21/24

MARY F CANNADA
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA
894

FILE NUMBER
XC-16 775 079
D W CANNA

YOUR AWARD HAS BEEN AMENDED TO PROVIDE FOR PAYMENT AS FOLLOWS.

MONTHLY RATE	EFFECTIVE DATE	REASON
$100.78	09/01/77	OTHER AWARD CHILD ENTERS SCHOOL
$106.60	01/01/78	INCOME CHANGE
$102.91	01/01/79	INCOME CHANGE
$65.82	07/01/79	OTHER AWARD CHILD BENEFIT TERMINATED

THIS ACTION RESULTED IN AN ADJUSTMENT DUE YOU OF $414.52.

F-3-b-35

THANK YOU,
VETERANS ADMINISTRATION

IMPORTANT — SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

VA FORM DEC 1975 21 — 8332a-4

NOTICE OF PROCEDURAL AND APPELATE RIGHTS

We have based our decision on the evidence of record in your case and the applicable law. This explains your procedural and appellate rights in connection with this decision.

REPRESENTATION. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Administrator of Veterans Affairs, or you may employ an attorney to assist you with your claim. Typical examples of counsel who may be available include attorneys in private practice or legal aid services. The services of a recognized attorney are subject to a maximum fee limitation of $10, set forth in 38 U.S.C. 3404(c). If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action on your part is required.

NEW EVIDENCE. You may submit additional evidence to strengthen your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING. If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. The VA cannot pay any other expenses of the hearing, since a personal hearing is not required.

APPEAL. You may appeal our decision to the Board of Veterans Appeals at any time within one year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits for which you are appealing. If you decide to appeal, we will advise you further as to your procedural rights as your claim progresses through the several stages of the appeal process.

Rob Jan

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

TOE 420

Form Approved
OMB No. R0506

SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if the person is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

1. NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED: MILDRED CARROLL
   WORKER'S SOCIAL SECURITY NUMBER: 155-14-2055 D

2. PRINT YOUR NAME *(If you are filing application on behalf of an incompetent adult, enter that person's name in this space and answer all subsequent questions on this questionnaire FOR that person.)*
   YOUR U.S. SOCIAL SECURITY NUMBER:

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? NAME OF COUNTRY (or countries): USA

   (b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? ☐ Yes ☒ No
   If "Yes," give the name of the country and explain how and when citizenship was acquired.

   (c) Of what country (or countries) are you now a citizen? NAME OF COUNTRY (or countries): USA

   (d) Do you have a valid passport? ☒ Yes ☐ No
   If "Yes," give the following information:

DATE ISSUED	PASSPORT NUMBER	NAME OF GOVERNMENT THAT ISSUED PASSPORT
8-14-77	H-580570	USA

IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If you are not a U.S. citizen, go on to question 4.

   (e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? ☐ Yes ☒ No
   If "Yes," explain when and where.

   (f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? ☐ Yes ☒ No
   If "Yes," explain what crime(s), when, and where.

PHYSICAL PRESENCE IN THE U.S.

4. (a) Have you ever been physically present in the U.S. at any time? ☒ Yes ☐ No

   (b) Are you now physically present in the U.S.? ☐ Yes ☒ No

   If "Yes," enter the date you plan to leave the U.S. → MONTH, DAY, YEAR

   If "No," enter the date you left the U.S. → MONTH, DAY, YEAR: 8/77

   (c) When do you plan to return to the U.S.? → MONTH, DAY, YEAR

   (d) Did you enter or leave the U.S. at any time during the past 24 months? ☒ Yes ☐ No
   If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.
	8/77	1029 Geary Blvd, San Francisco

FORM SSA-21 (3-73) (Over) F-3-h-36

EMPLOYMENT – SELF-EMPLOYMENT

An employed person is one who performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as an apprentice.

A self-employed person is one who has a business either alone or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? ☐ Yes ☒ No

(b) If you are still in the U.S., will you engage in employment or self-employment outside the U.S.? ☐ Yes ☒ No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER (If self-employed, show "self" and name and address of your trade or business.)	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED (If not ended, leave blank)

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security Administration promptly if, while outside the U.S.:

(1) you become employed or self-employed while under age 72

(2) there is any change in your citizenship

(3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? ☒ Yes ☐ No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

(b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? ☒ Yes ☐ No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. (The place outside the U.S. where you now live or intend to live.)

Jonestown Port Kaituma, NWR Guyana

(b) Show the address to which checks are to be sent.

PO Box 893 Georgetown Guyana So America

(c) If you cannot receive checks at the place where you live, please explain why.

Convenience

INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. *(If you are the worker, give the information about yourself.)*

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make a temporary or permanent home in the U.S.)? ☒ Yes ☐ No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

☐ 10–19 Years ☐ 20–29 Years ☐ 30–39 Years
☐ 40–49 Years ☐ 50–59 Years ☒ 60–97 Years

and, indicate the address—or combination of addresses—which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
1029 Geary Blvd, San Fran	8	76	8	77
Philadelphia, PA	before	66	8	76

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in item 1 is now deceased, did the worker die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? ☐ Yes ☒ No
If "Yes," explain.

(c) Name the country of which the worker is a citizen. *(If deceased, name the country of which the worker was a citizen at time of death.)* → NAME OF COUNTRY OR COUNTRIES: USA

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet titled, "Your Social Security Check—While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

I. Your benefits are not payable for any month in which:

A. You (while under age 72) engage in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month, OR

B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.

A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:

(1) The person is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and these net earnings from self-employment are not subject to United States social security taxes, OR

(2) The person is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and these wages are not subject to United States social security taxes, OR

(3) any combination of (1) and (2), amounting to 7 or more days a month.

II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for a full calendar month.

(Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following the wage earner's deportation.)

(Over)

SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor bills and other medical services. Except for certain unusual cases, however, involving medical care in Canada and Mexico, no medicare services are provided outside the United States. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9. (a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? ☒ Yes ☐ No
If "Yes," answer (b).

(b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? ☒ Yes ☐ No
If your answer to 9(b) is "Yes," and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.

REMARKS *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonmnet or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT

Date *(Month, day, year)* March 19, 1978

Signature *(First name, middle initial, last name)* *(Write in ink)*

SIGN HERE ▶ x (Mr. Meldred Carrall)

Telephone Number(s) at which you may be contacted during the day

Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)* PO Box 843

City Georgetown, Guyana | Postal Code | Enter Name of Country in which you now live So America

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness Laura Johnston

Address *(Number and street, City, Country & Postal Code)*

2. Signature of Witness

Address *(Number and street, City, Country and Postal Code)*

☆ U.S. Government Printing Office 1976—210-001/406

Shelva Carson

COURT TRUSTEE
COUNTY OF LOS ANGELES

WARRANT NO.	CASE NO.	ISSUE DATE	TOTAL AMT.
1469207	0901291	102578	007000

CHILD SUPPORT	ARREARS	ALIMONY	OTHER
7000			

F-3-b-37

NOT NEGOTIABLE 06037

KEEP THIS PORTION FOR YOUR RECORDS

Detach this stub and save for your payment records

The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

44W 275848
check number

The following shows the date and composition of the attached check.

NOV 01 1978 GROSS AMT	$48.99	(UNITS) X (UNIT VALUE)
FIXED DOLLAR ANNUITY	$44.65	
VAR ANNUITY-INV.FUND	$4.34 =	3.18 X 1.3656499
NET AMOUNT	$****48.99	

Please forward this stub to:
INEZ S CONEDY**********

F-3-b-38

Your identification number is:
009184 444163639

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 15,636,090
SYMBOL 3054

United States Treasury 15-51 000

PAY TO THE ORDER OF JOSSIE CHAMBLISS
PO BX 15157
SAN FRAN CA 94101

057-18-2089
90 A 1
SOC SEC FOR SEP

MONTH	DAY	YEAR
10	03	78

DOLLARS	CTS.
$***112	80

037

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

⑈30547⑈ ⑆0000-0051⑆ 156360908⑈

F-3-b-39

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 18,826,732
SYMBOL 3114

United States Treasury 15-51 / 000

DO NOT FOLD, STAPLE OR MUTILATE
KNOW YOUR INDORSER — SOURCE IDENTIFICATION

PAY TO THE
ORDER OF GROVER C DAVIS
802 FELL
SAN FRANCISCO CA 94117

[redacted] J2 A 6

DOLLARS	CTS.
$***247	30

MON.	DAY	YR.
10	03	78

SOC SEC FOR SEP

034

⑈31141⑈ ⑆0000-0051⑆ 188267321⑈

b6
b7C

F-3-b-40

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
[illegible] CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/7 19 78

LORENE DAVIS
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Sec. Ben.	187 70
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		187 70

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-b-41

⑆1210⑆0003⑈ 00 47319 7⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

CITY/COUNTY OF SAN FRANCISCO 0697 5240304570 10-31-78 36012
DELANEY, EDITH

AMT. OF CHECK ▶ 301.05

EARNINGS	TAXES	DEDUCTIONS		NET PAY
301.05	.00	.00	=	301.05
3279.84	.00	.00	=	3279.84

DESCRIPTION	TAXES / DED	YEAR-TO-DATE

DESCRIPTION	HOURS	EARNINGS	YEAR-TO-DATE
REGULAR		301.05	3279.84

F-3-b-42

STATEMENT OF EARNINGS AND DEDUCTIONS • DETACH AND RETAIN FOR YOUR RECORDS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. R0506

SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if he is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

b6
b7c

1.	NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED Grover Davis	WORKER'S SOCIAL SECURITY NUMBER [redacted]
2.	PRINT YOUR NAME *(If you are filing application on behalf of an incompetent adult, enter his or her name in this space and answer all subsequent questions on this questionnaire FOR him.)* Grover Davis	YOUR U.S. SOCIAL SECURITY NUMBER [redacted]

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? — NAME OF COUNTRY *(or countries)*: U.S.

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? ☐ Yes ☒ No
If "Yes," give the name of the country and explain how and when citizenship was acquired.

(c) Of what country (or countries) are you now a citizen? → NAME OF COUNTRY *(or countries)*: U.S.

(d) Do you have a valid passport? ☒ Yes ☐ No
If "Yes," give the following information:

DATE ISSUED	PASSPORT NUMBER	NAME OF GOVERNMENT THAT ISSUED PASSPORT

IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If You are not a U.S. citizen, go on to question 4.

(e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? ☐ Yes ☒ No
If "Yes," explain when and where.

(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? ☐ Yes ☒ No
If "Yes," explain what crime(s), when, and where.

PHYSICAL PRESENCE IN THE U.S.

4. (a) Have you ever been physically present in the U.S. at any time? ☒ Yes ☐ No

(b) Are you now physically present in the U.S.? ☒ Yes ☐ No

If "Yes," enter the date you plan to leave the U.S. → MONTH, DAY, YEAR: 9/26/78

If "No," enter the date you left the U.S. → MONTH, DAY, YEAR:

(c) When do you plan to return to the U.S.? → MONTH, DAY, YEAR: over 1 year

(d) Did you enter or leave the U.S. at any time during the past 24 months? ☐ Yes ☒ No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL *(Month, day, year)*	DATE OF DEPARTURE *(Month, day, year)*	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

FORM SSA-21 (5-73) (Over)

F-3-b-43a

EMPLOYMENT – SELF-EMPLOYMENT

A person is employed if he performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as an apprentice.

A person is self-employed if he has a business either by himself or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? ☐ Yes ☒ No

(b) If you are still in the U.S. will you engage in employment or self-employment outside the U.S.? ☐ Yes ☒ No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER (If self employed, show "self" and name and address of your trade or business.)	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED (If not ended, leave blank)

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security Administration promptly if, while outside the U.S.:

(1) you become employed or self-employed while under age 72

(2) there is any change in your citizenship

(3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? ☒ Yes ☐ No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

(b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? ☒ Yes ☐ No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. *(The place outside the U.S. where you now live or intend to live.)* Mission Village , N.W.R.
Guyana, SOuth America

(b) Show the address to which checks are to be sent.
C/O: MIssion Village
P.O. Box 893
Georgetown Guyana, South America

(c) If you cannot receive checks at the place where you live, please explain why.
No reliable mail delivery to interior of country.

F-3-b-43b

INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. *(If you are the worker, give the information about yourself.)*

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make his temporary or permanent home in the U.S.)? ☐ Yes ☐ No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

☐ 10–19 Years ☐ 20–29 Years ☐ 30–39 Years

☐ 40–49 Years ☐ 50–59 Years ☒ 60–97 Years

and, indicate the address—or combination of addresses—which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
215 E. Coleman, Los Angeles, CA.	-	65	-	70
549 W. Imperial, Los Angeles	-	70	-	75

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in Item 1 is now deceased, did he die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? N/A ☐ Yes ☐ No

If "Yes," explain.

(c) Name the country of which the worker is a citizen. *(If deceased, name the country of which he was a citizen at time of death.)* → NAME OF COUNTRY OR COUNTRIES: U.S.

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet SSA-609, "Your Social Security Check—While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

I. Your benefits are not payable for any month in which:

A. You (while under age 72) engage in noncovered remunerative activity outside the United States on *7 or more different calendar days during a month,* OR

B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.

A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:

(1) he is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and his net earnings from self-employment are not subject to United States social security taxes, OR

(2) he is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and his wages are not subject to United States social security taxes, OR

(3) any combination of (1) and (2), amounting to 7 or more days a month.

II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for *a full calendar month.*

(Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following his deportation.)

(Over)

F-3-D-43c

SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor bills and other medical services. Except for certain unusual cases, *however, involving medi-*care in Canada and Mexico, no medicare services are provided outside the United States. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9.	(a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? *If "Yes," answer (b).*	☒ Yes ☐ No
	(b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? *If your answer to 9(b) is "yes", and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.*	☒ Yes ☐ No

REMARKS *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF APPLICANT	Date *(Month, day, year)*
Signature *(First name, middle initial, last name) (Write in ink)* SIGN HERE ➡ Dennis L Bair	*Telephone Number(s) at which you may be contacted during the day*

Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)* P.O. Box 593

City	Postal Code	Enter Name of Country in which you now live
Georgetown		Guyana

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and street, City, Country & Postal Code)*	Address *(Number and street, City, Country and Postal Code)*

☆ U.S. GPO: 1973—545-513/59

F-3-b-43d

F-3-12-44

Supplemental Security Income
Notice of Overpayment

From: Department of Health, Education, and Welfare
Social Security Administration 15 1355 Sutter, S.F. CA 94109

Date: July 6, 1978

Corrie Duncan
998 Divisadero, Apt. 105
San Francisco, CA 94115

Social Security Number:
464-24-1023

We have determined that you received $ 399.10 more in supplemental security income payments than you were due.

CORRECTED NOTICE Previous notice dated 6/19/78 stated we would withhold $20.00 per month from your checks. Since you are not now being paid SSI checks, we are now requesting refund of the overpayment.

You were not due checks for 8/77 & 9/77 as, according to our records, you have been outside of the U.S. for over 30 days.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

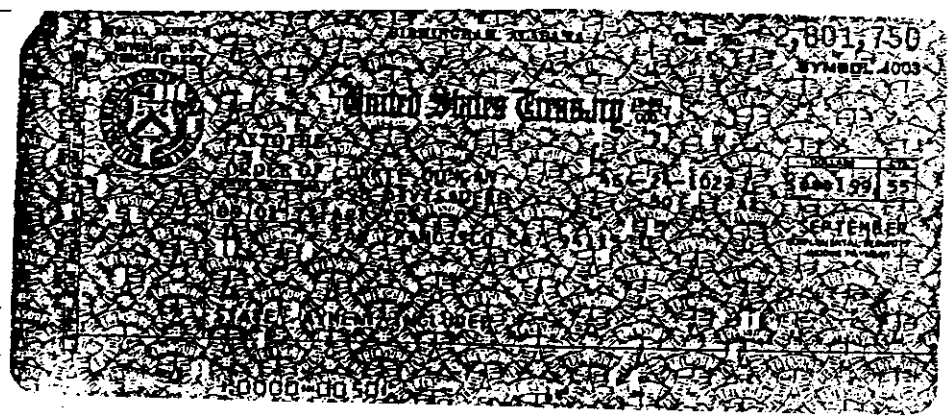
You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless *both* of the following were true:

1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, *and*

2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment.

Otherwise, you should refund the overpayment of $ 399.10 Make your check or money order payable to the Social Security Administration, social security number 464-24-1023 , and mail it in the enclosed envelope. (If you cannot refund the full amount, please get in touch with us about making monthly installments.)



F-3-b-45

Supplemental Security Income
Notice of Overpayment Action

From: Department of Health, Education, and Welfare
Social Security Administration

O/P #433

Date: June 19, 1978

Carrie Duncan
998 Divisadero Apt 105
SF, Ca. 94115

Social Security Number:

466-24-1023

We have determined that you received $ 399.10 more in supplemental security income payments that you were due.

You were not due checks for 8/77 & 9/77 as according to our records, you have been outside of the U.S. for over 30 days.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless *both* of the following were true:

1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, *and*

2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment. If you do not get in touch with us, we will recover the overpayment as described below.

If we do not hear from you within 30 days, we will withhold $ 20.00 from your monthly payments beginning August 1, 1978 to recover your overpayment of $ 399.10 (Please get in touch with this office if you disagree with the proposed rate of repayment or if you prefer to make refund.)

Please get in touch with a social security office if:

You believe the decision shown on the other side of this notice is wrong; *or*

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you may appeal. The first step in the appeals process is called reconsideration. **You must request reconsideration in writing within 60 days from the date you receive this notice.** If you cannot send us a written request within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are three different ways to present your case for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The three methods of reconsideration are:

1. **Case Review.** In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office.

2. **Informal Conference.** In addition to the rights you have in a case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented.

3. **Formal Conference.** In the formal conference you have, in addition to the rights you have in a case review and an informal conference, the right to request that we subpoena unwilling witnesses to appear for cross-examination and to bring with them any evidence about your case.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your local social security office for names of organizations that can help you.

☆U.S. G.P.O. 1977-241-061/99

F-3-b-46

Bank of Montreal (California)

STATEMENT OF ACCOUNT

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47339-1	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M		1

KATHERINE DOMINECK
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	00	00	00	00

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						00	
						ENDING BALANCE	

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc Standby Credit
SD Misc. Standby Debit
* Sequence Break

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Supplemental Security Income
Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 06-14-78

Social Security Number:
490-20-5807 DI

*BEATRICE J DAWKINS
1435 ALVARADO TERR
APT 108
LOS ANGELES CA 90006

YOUR CHECK WILL STOP IN JULY 1978.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS IF YOU ARE OUTSIDE THE UNITED STATES FOR A WHOLE MONTH. SINCE YOU ARE NOW OUTSIDE THE UNITED STATES, WE PLAN TO STOP YOUR CHECKS AS SHOWN ABOVE.

FOR INFORMATION ABOUT ANY CHANGE IN YOUR MEDICAID ELIGIBILITY CAUSED BY THIS ACTION YOU SHOULD GET IN TOUCH WITH YOUR COUNTY WELFARE DEPARTMENT.

F-3-b-17

Important: See other side for an explanation of your appeal rights and other information. ▶

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Please get in touch with social security if:

You believe the decision shown on the other side of this notice is wrong, *or*

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you have the right to appeal. The first step in the appeals process is called reconsideration. YOU MUST REQUEST RECONSIDERATION IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. If you cannot send us a written request for reconsideration within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are different ways of presenting cases for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The methods of reconsideration are:

1. CASE REVIEW. In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office. For a medical determination, the case review is made by the disability determination agency of the State in which you live and is the only type of reconsideration available.

2. INFORMAL CONFERENCE. In addition to the rights you have in case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented. The informal conference is not used for appeal of determinations involving medical matters.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your social security office for names of organizations that can help you.

F-3-b-48

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

SOCIAL SECURITY OFFICE 950
303 GOLDEN GATE AVE
SAN FRANCISCO, CA 94102

TELEPHONE: [redacted] 556-3956

HOURS: 9-4 pm

REFER TO:
Florine Dyson
163-42-5800

*Ms. Florine Dyson
P. O. Box 15157
San Francisco CA 94101

Dear Ms. Dyson:

We need the information listed below in connection with the suspension of your Supplemental Security Income checks.

Please answer the question(s), sign and date this letter and return it in the enclosed envelope. If you cannot furnish the information requested, let us know right away, preferably by telephone. Our telephone number and office hours are shown above.

Sincerely yours,

D. Austin, Service Representative

Enclosure_____ DO NOT DETACH_____

Please write below the date you left the country:

_____

Please write below your passport number: _____

I certify that the above statements are true. I know that anyone who makes a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law.

_____ (Date Signed)

SIGN HERE _____ (Please Sign Here)

_____ (Telephone Number)

SSA-L752 (10-74)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date October 18, 1978

Irene Eddins
PO Box 893
Georgetown
GUYANA 894

Your Claim Number
440-18-1621 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

F-3-Ir-49

Enclosures:
Form SSA-609
Form SSA-1425F

A126

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

Claim Number: 11/02/78

IRENE EDDINS 440-18-1621 A
PO BOX 893
GEORGETOWN GUYANA 894

F-3-b-50

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 11/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR $115.50 WILL INCLUDE BENEFITS DUE THROUGH 11/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR $115.50.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ▶

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. *If monthly social security benefits are being paid to you now—*

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—*

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. *Medicare outside the U.S.*

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiariary's residence in the U.S. than the nearest U.S. hospital which can provide the care needed. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby *eliminate payment of the premium, you should consider* whether you wish to retain your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. *The cancellation is not effective until the third month after the month in which it is filed.*

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpay*ment is recovered, get in touch with any social security office* to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be *withheld from benefits or paid* back unless both the following statements are true:

a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and

b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We also need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 67,685,086
SYMBOL 3114

United States Treasury 15-51/000

PAY TO THE ORDER OF IRENE EDDINS
1029 GEARY BLVD
APT 28
SAN FRANCISCO CA 94109

MONTH	DAY	YEAR
07	03	78

440-18-1621
86 A 6
SOC SEC FOR JUN

DOLLARS	CTS.
$***115	50

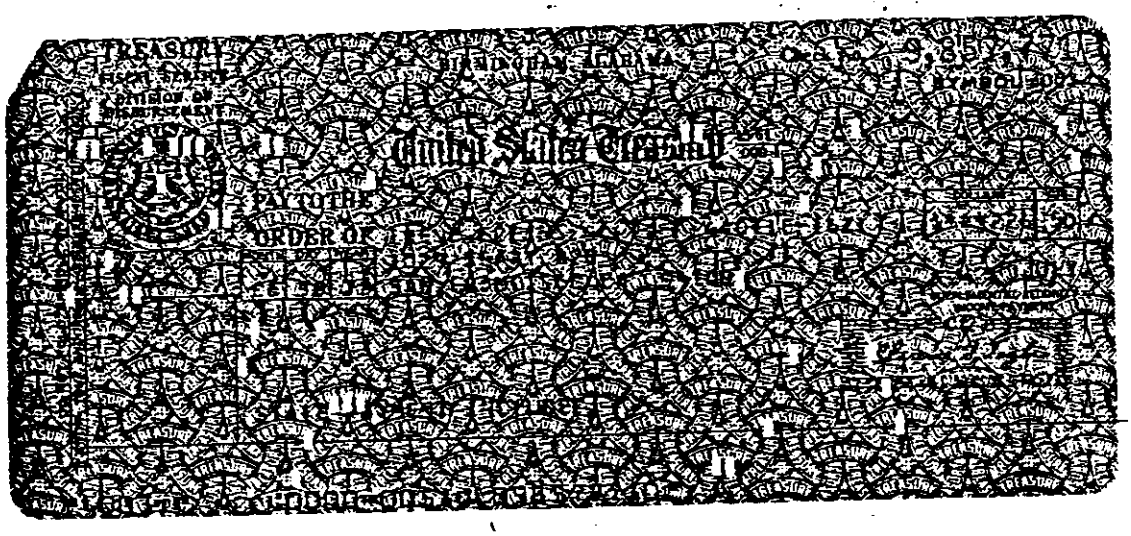
023

Fitzhugh

DO NOT FOLD, STAPLE OR MUTILATE
KNOW YOUR ENDORSER - ENDORSE TO PRESERVATION

⑈31141⑈ ⑆0000-0051⑆ 67685086⑈

F-3-h-51


TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT
PAY TO THE
ORDER OF

F-3-b-52

Central Payroll/Personnel Operations
P.O. Box 2837
Seal Beach, CA 90740

Rockwell International

LOS ANGELES SEP 29 '78 CALIF

ADDRESS CORRECTION REQUESTED
FORWARDING AND RETURN POSTAGE GUARANTEED

011/HR/XA02
S C FAIR
C/O MISSION VILLAGE
P O BOX 893 GEORGETOWN
GUYANA SA00000

F-3-b-53a

Corporate Offices
600 Grant Street
Pittsburgh, PA 15219

Rockwell International

EMPLOYEE BENEFIT INFORMATION

PLAN ADMINISTRATOR - Staff Vice President,
Employee Benefit Programs
Rockwell International Corporation
Corporate Offices
600 Grant Street (PA60)
Pittsburgh, PA 15219
(412) 565-7100

EMPLOYER IDENTIFICATION NUMBER
(Rockwell International Corporation): 95-105-4708

TO: ALL PARTICIPANTS IN THE ROCKWELL INTERNATIONAL CORPORATION RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS AND NORTH AMERICAN SPACE OPERATIONS) (Plan 002)

RE: SUMMARY ANNUAL REPORT (January 1, 1977 - December 31, 1977)

The Employee Retirement Income Security Act of 1974 (ERISA) requires that employers offering benefit plans provide participants with a summary of the financial condition of those plans on a yearly basis. In line with this requirement, we are providing this Summary Annual Report (SAR) which is concerned with the Plan named above. This SAR summarizes the financial information filed with the Internal Revenue Service in July of 1978, and it applies to the Plan's activities for the January 1, 1977 - December 31, 1977 Plan Year.

This SAR shows the assets, liabilities, income and expenses of the Plan and provides certain other information concerning the condition of the Plan as of December 31, 1977. The provision of this information is the sole purpose of this SAR.

Plan Participants and beneficiaries may obtain copies of the following more detailed annual report information for a reasonable charge, or inspect it without charge: The latest full annual report, or any parts of the report including a list of any assets held for investment and a list of transactions involving more than three percent of plan assets. To obtain a copy of any of these documents, write to the Plan Administrator asking for what you want. The Plan Administrator will state the charge for specific documents upon request, so that you can find out the cost before ordering. All the documents listed can be examined at the office of the Plan Administrator at the address shown above, or at your local Personnel Office within 10 days after you complete the proper form at that office.

F-3-b-53b

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF NET ASSETS
DECEMBER 31, 1977 AND 1976

	1977	1976
ASSETS		
INVESTMENTS - At market value (Note 1):		
Certificates of deposit (cost - 1977, $5,363,906; 1976, $6,866,450)	$ 5,363,906	$ 6,866,450
Commercial paper (cost - 1977, $14,183,000; 1976, $2,355,000)	14,183,000	2,355,000
U.S. Government securities (cost - 1977, $55,766,383; 1976, $42,262,685)	54,850,943	43,168,495
Foreign securities (cost - 1977, $2,182,863; 1976, $2,182,862)	2,163,880	2,249,000
Corporate debt securities (cost - 1977, $25,938,695; 1976, $20,329,727)	25,547,215	20,893,108
Corporate stocks:		
Preferred (cost - 1977, $1,068,000; 1976, $1,068,000)	918,750	1,081,875
Common (cost - 1977, $52,735,916; 1976, $61,834,635)	48,752,527	65,554,703
Real Estate (cost - 1977, $97,594; 1976, $97,594)	75,000	75,000
Loans and trust deeds (cost - 1977, $1,703,618; 1976, $2,009,801)	1,733,896	2,040,081
Common trust funds (cost - 1977, $21,884,905; 1976, $17,932,594)	21,484,905	17,932,594
Total	175,074,022	162,216,306
RECEIVABLES:		
Rockwell International Corporation contribution (Note 2)	11,295,000	9,181,000
Accrued interest and dividends	1,638,047	1,084,610
Total	12,933,047	10,265,610
CASH	167,820	64,801
TOTAL	$188,174,889	$172,546,717
LIABILITIES AND NET ASSETS		
NET ASSETS (Note 2)	$188,174,889	$172,546,717

See notes to financial statements.

F-3-A-53c

EIN: 95-105-4708
PN: 002

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF CHANGES IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 1977 AND 1976

	1977	1976
INCREASES:		
Contributions from Rockwell International Corporation	$ 32,995,000	$ 23,481,000
Investment income:		
Interest	7,702,583	5,465,946
Dividends	2,392,568	2,089,472
Rents	11,082	8,397
Other	1,022	787
Total investment income	10,107,255	7,564,602
Net unrealized appreciation of investments (Note 3)		14,051,578
Total	43,102,255	45,097,180
DECREASES:		
Benefit payments	15,693,166	12,999,486
Net realized loss on disposition of investments	1,043,570	5,434,994
Net unrealized depreciation of investments (Note 3)	10,727,816	
Administrative expenses	9,931	
Total	27,474,483	18,444,993
INCREASE IN NET ASSETS	15,627,772	26,652,187
NET ASSETS, BEGINNING OF YEAR	172,546,717	145,894,530
NET ASSETS, END OF YEAR	$188,174,489	$172,546,717

See notes to financial statements.

F-3-b-53d

A02

EIN: 95-105-4708
PN: 002

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND RELATED MATTERS:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Expenses of the Plan are paid by either the Plan or Rockwell International Corporation ("Rockwell") as provided in the Plan.

Investments are generally stated at market value. Investments in securities traded on security exchanges are valued at the last reported sales price on the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at bid quotations. In instances wherein current sales prices or bid quotations are not available, securities are stated at current values as estimated by independent investment brokerage firms. Loans and trust deeds are valued at the unpaid balance. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Security transactions are accounted for on the dates of settlement and realized gains or losses from such transactions are computed on an average cost basis.

2. INFORMATION REGARDING THE PLAN:

Administration:

The Employee Benefit Plan Committee of Rockwell, the Retirement Committee of the Plan and the Plan Administrator control and manage the operation and administration of the Plan. Security Pacific National Bank and The Shawmut Bank of Boston, N.A., which replaced the First National City Bank effective April 1, 1976, serve as the trustees and manage the assets of the Plan.

F-3-b-53e

Participation:

The Plan is a defined benefit pension plan extended to eligible employees on the hourly payroll of the Electronics Businesses, North American Aircraft Group and North American Space Operations of Rockwell.

Vesting:

Employees generally become fully vested after 10 years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

Benefits:

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits and for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity.

Funding:

Contributions to provide benefits under the Plan are made solely by Rockwell. Annual contributions are computed by the Plan's actuary using the aggregate cost method under which all presently unfunded costs, including prior service costs, and all changes in costs due to experience or other factors are amortized over the remaining service lives of the participants. Such contributions are paid to the trustee in cash, generally within 255 days following the close of Rockwell's fiscal year.

Priorities Upon Termination of the Plan:

In the event the Plan is terminated and its assets are distributed and this distribution results in liability of the Pension Benefit Guaranty Corporation ("PBGC"), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the Employee Benefit Plan Committee. If this distribution could not result in liability of the PBGC, the assets shall be allocated to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the following order of priority:

- those receiving benefits as of the termination date
- those employees and terminated vested employees aged 55 or over with 10 or more years of vesting service eligible for normal or early retirement or disability benefits as of the termination date

F-3-b-53f

3. **UNREALIZED APPRECIATION (DEPRECIATION):**

Unrealized appreciation (depreciation) of investments at December 31, 1977 and 1976 and the net change during each year were as follows:

	1977	1976
Balance at beginning of year.....	$ 5,276,958	$(8,774,620)
Net change during year.....	(10,727,816)	14,051,578
Balance at end of year.....	$(5,450,858)	$ 5,276,958

4. **VESTED BENEFITS:**

As of January 1, 1977 the present value of vested benefits, as determined by the Plan actuary, The Wyatt Company, amounted to approximately $320,000,000.

F-3-b-53h

- those employees and terminated vested employees at least age 45 but less than 55 with 10 or more years of vesting service eligible for retirement benefits as of the termination date

- those employees and terminated vested employees under age 45 with 10 or more years of vesting service eligible for retirement benefits as of the termination date

- those remaining employees who have a pension interest because of service as of the termination date.

Changes in Plan During Year:

The following changes in the Plan were negotiated in 1974 to be effective in 1977:

- Effective January 1, 1977, the monthly retirement benefit was increased from $9.00 to $10.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1975.

- Effective January 1, 1977, the monthly retirement benefit was increased from $8.50 to $9.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1972 but prior to January 1, 1975.

- Effective January 1, 1977, the monthly retirement benefit was increased from $8.00 to $9.00 per year of credited service for those participants commencing retirement benefits prior to January 1, 1972.

Tax Status:

During the year, the Internal Revenue Service ruled that the Plan, as amended to comply with The Employee Retirement Income Security Act of 1974, continued to qualify as a tax-exempt defined benefit plan under the applicable provisions of the Internal Revenue Code and therefore investment income earned by the Plan is not subject to Federal income taxes.

F-3-b-53g

Deloitte Haskins-Sells

Two Gateway Center
Pittsburgh, Pennsylvania 15222
(412) 263-6900
TWX 710-664-2193

AUDITORS' OPINION

Rockwell International Corporation
Retirement Plan for Eligible Employees on
the Hourly Payroll (Electronics Operations,
North American Aircraft Operations and
North American Space Operations):

We have examined the statements of net assets of the Rockwell International Corporation Retirement Plan for Eligible Employees on the Hourly Payroll (Electronics Operations, North American Aircraft Operations and North American Space Operations) as of December 31, 1977 and 1976 and the related statements of changes in net assets for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including confirmation of the investments held in trust at December 31, 1977 and 1976 by correspondence with the trustees.

In our opinion, such financial statements present fairly the financial position of the Plan at December 31, 1977 and 1976 and the changes in its net assets for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

DELOITTE HASKINS & SELLS

June 30, 1978

F-3-b-53i

F-3-b-54

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47351-0	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
N		1

SYLVESTER FAIR
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	00	00	00	00

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						00	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

VENDOR'S COPY

REMITTANCE ADVICE

THE JOBST INSTITUTE, INC.

653 MIAMI STREET ● P.O. BOX 653 ● TOLEDO, OHIO 43694, U.S.A.

59399 -

DISTRIBUTION	INVOICE NUMBER	INVOICE DATE	REFERENCE NUMBER	BATCH NO	ENTRY DATE	TYPE	GROSS AMOUNT	DISCOUNT		DED CODE	DEDUCTION AMOUNT	NET AMOUNT
DEPT-STATE OF CALIF												
2110100006	49880	80778	80095	32	80778	1	3089	00	00			3089
												3089

F-3-16-55

TYPE CODES: 01 INVOICE, 02 RETURN, 03 PAYMENT, 04

DED. CODES: 01 CASH DISCOUNT, 02, 03 OTHER DISCOUNT, 04, 05, 06 MISCELLANEOUS MINUS, 07 PARCEL POST AND INSURANCE, 08 SALES TAX, 08 FREIGHT MINUS, 10 FREIGHT PLUS, 11 FREIGHT MEMO, 12 MISCELLANEOUS PLUS

EUGENIA GERNANOT

RETAIN THIS STATEMENT WITH YOUR RECORDS

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 14,144,667
SYMBOL 2078

United States Treasury 54/000

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

PAY TO THE ORDER OF MERCEDESE GUIDRY
1435 ALVARADO TERR
APT 110
LOS ANGELES CA 90006

CSF0601966W
67

DOLLARS	CTS.
$***131	73

CSF ANNUITY

MO.	DAY	YEAR
10	07	78

024

⑈2078⑈ ⑆0000⑈0051⑆ 14144667⑈

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

AUSTIN, TEXAS

Check No. 44,476,624
SYMBOL 2207

United States Treasury 54/000

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

PAY TO THE ORDER OF MERCEDES W GUIDRY
1435 ALVARADO
TERRACE APT 110
LOS ANGELES CA 90006

CO-516-466
24 44 19
10 VA PENS

DOLLARS	CTS.
$****30	78

MONTH	DAY	YEAR
10	01	78

007

⑈22077⑈ ⑆0000⑈0051⑆ 44476624⑈

F-3-b-56

SERIAL NO.
115708

CITY AND COUNTY OF SAN FRANCISCO
CONTROLLER'S WARRANT

11-177
12-10

GENERAL FUND

THE TREASURER IS HEREBY AUTHORIZED TO PAY

DATE		CONTROLLER'S NO.
09-26-78	HC-884952-000	115708

SEP 78 8.169.84C.044

EXACTLY THREE HUNDRED FIFTY NINE DOLLARS AND 60 CENTS

DOLLARS	CTS.
$359.	60

TO THE ORDER OF VIOLA GOODSHALK AND JUDY MERRIAN
1029 GEARY ST #28
SF CA 94109

XR13

THIS WARRANT IS VOID IF NOT PRESENTED TO THE COUNTY TREASURER FOR PAYMENT WITHIN SIX MONTHS FROM DATE

CONTROLLER

⑈00115708⑈ ⑆1210⑈0177⑆ 00666⑈90004⑈

F-3-b-57

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. R0506

SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES

(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if he is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

1.	NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED RAYMOND D. GODSHALK	WORKER'S SOCIAL SECURITY NUMBER [redacted]
2.	PRINT YOUR NAME *(If you are filing application on behalf of an incompetent adult, enter his or her name in this space and answer all subsequent questions on this questionnaire FOR him.)*	[redacted]

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? — NAME OF COUNTRY (or countries): U.S.A.

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? ☐ Yes ☒ No
If "Yes," give the name of the country and explain how and when citizenship was acquired.

(c) Of what country (or countries) are you now a citizen? → NAME OF COUNTRY (or countries): U.S.A.

(d) Do you have a valid passport? ☒ Yes ☐ No
If "Yes," give the following information:

DATE ISSUED	PASSPORT NUMBER	NAME OF GOVERNMENT THAT ISSUED PASSPORT
3-04-76	[redacted]	U.S.A.

IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If You are not a U.S. citizen, go on to question 4.

(e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? ☐ Yes ☒ No
If "Yes," explain when and where.

(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? ☐ Yes ☐ No
If "Yes," explain what crime(s), when, and where.

PHYSICAL PRESENCE IN THE U.S.

4. (a) Have you ever been physically present in the U.S. at any time? ☒ Yes ☐ No

(b) Are you now physically present in the U.S.? ☒ Yes ☐ No

If "Yes," enter the date you plan to leave the U.S. → MONTH, DAY, YEAR: 9-24-78

If "No," enter the date you left the U.S. → MONTH, DAY, YEAR:

(c) When do you plan to return to the U.S.? → MONTH, DAY, YEAR: NOT DECIDED

(d) Did you enter or leave the U.S. at any time during the past 24 months? ☐ Yes ☒ No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL *(Month, day, year)*	DATE OF DEPARTURE *(Month, day, year)*	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

b6
b7c

FORM SSA-21 (8-73) (Over)

F-3-d-58a

EMPLOYMENT – SELF-EMPLOYMENT

A person is employed if he performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as apprentice.

A person is self-employed if he has a business either by himself or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? ☐ Yes ☒ No

(b) If you are still in the U.S. will you engage in employment or self-employment outside the U.S.? ☐ Yes ☒ No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER (If self employed, show "self" and name and address of your trade or business.)	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED (If not ended, leave blank)

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security Administration promptly if, while outside the U.S.:

(1) you become employed or self-employed while under age 72

(2) there is any change in your citizenship

(3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? ☒ Yes ☐ No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

(b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? ☒ Yes ☐ No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. (The place outside the U.S. where you now live or intend to live.) Mission/Agricultural Project
Near Pt. Kaituma, N.W.R.
Guyana, South America

(b) Show the address to which checks are to be sent.
P.O. Box 893
Georgetown, Guyana

(c) If you cannot receive checks at the place where you live, please explain why.

No Reliable mail delivery to interior of country.

F-3-b-58b

INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. *(If you are the worker, give the information about yourself.)*

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make his temporary or permanent home in the U.S.)? ☐ Yes ☐ No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

☐ 10–19 Years ☐ 20–29 Years ☐ 30–39 Years

☐ 40–49 Years ☐ 50–59 Years ☒ 60–97 Years

and, indicate the address—or combination of addresses—which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
2650 RANCHERIA Rd REDWOOD VALLEY, CA	JUNE	1967	April	1976
1401 South STATE St UKIAH, CA	April	1965	JUNE	1967

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in Item 1 is now deceased, did he die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? ☐ Yes ☐ No

If "Yes," explain. N/A

(c) Name the country of which the worker is a citizen. *(If deceased, name the country of which he was a citizen at time of death.)* → NAME OF COUNTRY OR COUNTRIES

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet SSA-609, "Your Social Security Check—While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

I. Your benefits are not payable for any month in which:

A. You (while under age 72) engage in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month, OR

B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.

A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:

(1) he is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and his net earnings from self-employment are not subject to United States social security taxes, OR

(2) he is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and his wages are not subject to United States social security taxes, OR

(3) any combination of (1) and (2), amounting to 7 or more days a month.

II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for a full calendar month.

(Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following his deportation.)

(Over)

F-3-b-58c

SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor bills and other medical services. Except for certain unusual cases, however, involving medical care in Canada and Mexico, no medicare services are provided outside the United States. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9. (a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? ☐ Yes ☒ No
If "Yes," answer (b).

(b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? ☐ Yes ☐ No
If your answer to 9(b) is "yes", and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.

REMARKS *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF APPLICANT	Date *(Month, day, year)* 09-25-78
Signature *(First name, middle initial, last name) (Write in ink)* SIGN HERE ➡ Raymond O Goolchalk	Telephone Number(s) at which you may be contacted during the day

Mailing Address *(Number and street, Apt. No., P.O. Box, or Rural Route)* P.O. Box 893

City	Postal Code	Enter Name of Country in which you now live
GEORGETOWN		GUYANA South AMERICA

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address *(Number and street, City, Country & Postal Code)*	Address *(Number and street, City, Country and Postal Code)*

☆ U.S. GPO: 1973—545-513/59

F-3-b-58d

Social Security
Request for Information

From: Bureau of Retirement and Survivor's Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mrs. Mary M. Griffith
P.O. Box 893
Georgetown
GUYANA

Refer To: IRI-7122
Date
July 21, 1978
Your Claim Number
437-26-5442
Worker's Name
E. A. Griffith

F-3-b-59

Dear Mrs. Griffith:

Additional information is required in order to complete your claim.

Because my request was not clear, the Embassy did not obtain a death certificate for your late husband from you. Please send it as we must have it to process your claim and to increase your children's benefits. We must have the original death certificate, or a copy certified by the issuer of the document or by an Embassy official. I am sorry for the inconvenience my error has caused you.

Armondo may be eligible for benefits after age 18. Please have him complete the enclosed SSA-1372F. He must complete it himself; you cannot complete it for him. Please be sure that he shows the month, day and year when he shows dates on the SSA-1372F.

We hope to hear from you soon.

Please send the above to us as quickly as possible. We suggest that you use AIR MAIL and the enclosed envelope for your reply.

If you need help with your claim, the people in the nearest United States Foreign Service Office will be glad to assist you.

Sincerely yours,

Robert R. Sawyer
Robert R. Sawyer
Claims Adjudicator

Enclosure:
Return Envelope
SSA-1372F, SSA-5000

ALWAYS INCLUDE THE ABOVE SOCIAL SECURITY CLAIM NUMBER ON ALL CORRESPONDENCE.

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203 U.S.A.

F-3-b-60

Date OCT 10 1978

Your Claim Number
437-26-9442 G1

MARY M GRIFFITH FOR
MARIAN L GRIFFITH
PO BX 893
GEORGETOWN
GUYANA 894

Reason for action
RETURNED CHECK

Type of action
REINSTATEMENT

☐ As a result of the action being taken, benefit payments have been refigured as shown below. The amount shown in column 4, represents all benefits due on this claim through the month shown in column 5. You will then receive the amount shown in column 3 regularly each month.

☐ Benefit payments have been discontinued with the month shown in column 2 for the reason shown above.

☑ We have determined that you are entitled to the benefits shown below.

☐ As shown below, the next payment will be sent to you shortly. You will then receive the amount shown in column 3 regularly each month.

1. Additional payment information	2. Effective month	3. Regular monthly payment	4. Net amount of next payment	5. Next payment will pay amt. due you through month of
		267.20	2580.80	7/78

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. Your social security office will be glad to assist you in making this request. If additional evidence is available you should submit it with your request.

If you have any questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this notice with you.

Note to Terminated Beneficiary:

Earnings for the entire year both before and after your benefits were stopped must be considered in determining whether you earned more than the allowable yearly limit as shown in Item 1 on the back of this notice. Also, see Item 2 for the annual reporting requirement.

Important: See other side for an explanation of your appeal rights and other information.

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

The information in items 1 and 2 below apply to all beneficiaries who are not disabled, including those receiving benefits as dependents of a disabled wage earner. Items 3 and 4 may apply to any beneficiary. Item 5 applies only to persons receiving benefits based on their own disability.

1. How Your Work and Earnings Affect Your Benefits

The recent social security amendments made two changes in the way that work affects your benefits. There are now two exempt amounts, one for people under 65 and a higher amount for people 65 or older. The second change in the law states that regardless of total yearly earnings, benefits may be paid for *nonwork* months under the monthly earnings test for only one year. (See item 1c below.) After benefits have been paid on this basis, future year's benefits are payable based solely on your total earnings for the year.

a. *If you are under age 65* and earn $3,240 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.

b. *If you attain age 65 by the end of 1978 and you earn $4,000 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.*

If you earn over the exempt amount in a year $1 will be withheld from your benefits for each $2 of earnings above $3,240 (under age 65) or $4,000 (over age 65). You will never have more than $1 in benefits withheld for each $2 of earnings above the exempt amount.

c. Effective with 1978, regardless of total earnings, benefits may be payable for any *nonwork* month; that is, a month in which you neither earn wages of more than $270 (under age 65) or $334 (over age 65) nor perform substantial services in self-employment. However, once the nonwork month(s) provision is used in a year, it is no longer applicable to any subsequent year. In subsequent years *only the yearly earnings* limitation test will apply.

Benefits are also payable for all months in which you are age 72 or older, regardless of the amount of your earnings in or after the month you reach 72. If you are self-employed only part of your total earnings have to be counted, for example, if you become age 72 in April, we count 3/12 of your total earnings; if you become 72 in May, we count 4/12 of your total earnings, and so on.

2. Report Any Significant Change in Your Work and Earnings to Any Social Security Office

Examples of important changes are:

a. If you go to work while under age 72 and expect to earn over the exempt amounts.

b. If you have previously reported that you expect to earn over the exempt amounts from work, but

(1) You stop work, or

(2) *You do not earn over* $270 (under age 65) or $334 (over age 65) for any month and you do not perform substantial services in self-employment, or

(3) You expect to earn substantially more or less in the year than you previously told us.

Prompt reports enable us to make adjustments to your benefit payments when you have income from work. Delayed reports make it necessary for us to withhold benefits during periods when you may not have income from work.

Even when benefits are terminated during the year, you must file an annual report if you earn over the exempt amounts. In this report include your earnings for the entire year both before and after your benefits were terminated.

Any difference between the amount of benefits withheld based on your estimate of earnings and the amount that must be withheld on the basis of your actual earnings will be adjusted after the close of the year when you file your next annual report.

3. If You Are Enrolled For Medical Insurance Coverage, This Information About Medical Insurance Premiums Applies to You

a. *If monthly social security benefits are being paid to you now—* Your next payment will be adjusted for any premiums you now owe or excess premiums *you have paid in advance*. After that, 1 month's premium will be withheld from your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—* You will be billed for the premiums to pay for your medical insurance. *The first* bill you receive will cover all premiums due at that time. Future bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

4. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you and

b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should call, write, or visit any social security office to discuss the matter. *The people there may ask you about* your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

5. Special Reporting Events Needed Only From People Receiving Benefits Because of Their Disability

a. Your medical condition improves.

b. You return to work (regardless of how much you earn) or your work *status changes (if you are working now.)*

c. You begin receiving workmen's compensation benefits, the amount you are already receiving changes, or you receive a lump sum payment.

** The "Rights and Responsibilities Booklet" you received with your award certificate contains additional information concerning events you need to report.

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 64,980,947
SYMBOL 3114

DO NOT FOLD, STAPLE OR MUTILATE
KNOW YOU INDORSER ... SECURE IDENTIFICATION

United States Treasury 15-51 / 000

PAY TO THE
ORDER OF IRMA L GILL
802 FELL
SAN FRANCISCO CA 94117

429-34-4050
47 A 6

DOLLARS	CTS.
$***146	40

MONTH	DAY	YEAR
07	03	79

SOC SEC FOR JUN

023

⑈31141⑈ ⑆0000-0051⑆ 64980947⑈

F-3-b-61

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47329-4	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

EUGENIA A. GERNANDT
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits No.	Checks and Other Debits Amount	Deposits and Other Credits No.	Deposits and Other Credits Amount	LOW BALANCE	Average Balance	Service Charge	Beginning Balance
00	00	01	171 80	343 60	643 35	00	343 60

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	171 80	602				515 40	602
F-3-b-6209							
						$515 40	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES No.	ADVANCES Amount	PAYMENTS No.	PAYMENTS Amount	FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Bank of Montreal (California)

OFFICE SF

DATE 5-22-78

ADVICE OF MISPLACED CHECK

TO OUR DEPOSITOR: Eugenia Gernandt

ACCOUNT NUMBER 00-47329-4

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT 5-17-78 IN THE AMOUNT OF $ 694 90

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL

F-3-h-62b

TRANSMITTAL TO DEPOSITOR

D. M. Kent

AUTHORIZED SIGNATURE

NUMBER

April 25 1978

11-3
1210

PAY TO THE ORDER OF Cash $ 694 90/100

DOLLARS

Bank of Montreal (California)

EUGENIA A. GERNANDT

Eugenia Gernandt

⑆1210⑈0003⑆ 00 47329 4⑈ F-3-h-62c ⑈0000069490⑈

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal (California)

DATE 6/22 19 78

EUGENIA A. GERNANDT
P.O. BOX 15106
SAN FRANCISCO, CALIF. 94115

CASH	
CHECKS	Soc. Sec. 171 80
TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	171 80

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

11-3 11-3

F-3-h-62d

⑆1210⑈0003⑆ 00 47329 4⑈ ⑈0000017180⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

Bank of Montreal (California)

ADVICE OF MISPLACED CHECK

ACCOUNT NUMBER

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT ON _____ IN THE AMOUNT OF $ _____

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL _____

TRANSMITTAL TO DEPOSITOR

AUTHORIZED SIGNATURE

0300 [redacted]

PAY ANY BANK, P.E.O.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO, CA.
11-3-13 11-3

JUN - 2 PM

Supplemental Security Income Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

F-3-b-63

Date: 06-01-78

Social Security Number:

439-26-5550 DI

MERCEDESE GUIDRY
1435 ALVARADO TERR
LOS ANGELES CA 90006

BEGINNING JULY 1978 THE AMOUNT DUE YOU WILL BE INCREASED.

THE AMOUNT DUE YOU WILL BE $48.92. THIS INCLUDES $48.92 FROM THE STATE OF CALIFORNIA.

THE REASON THE AMOUNT DUE YOU IS BEING RAISED IS THAT THE LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME PAYMENTS EACH JULY IF THERE WAS AN INCREASE IN THE COST OF LIVING DURING THE PAST YEAR.

THE NEW AMOUNT DUE YOU AS SHOWN ABOVE IS THE AMOUNT WE WOULD SEND IF WE WERE NOT RECOVERING AN OVERPAYMENT. SINCE THIS NEW AMOUNT IS NOT GREATER THAN THE RATE OF RECOVERY PREVIOUSLY ESTABLISHED, WE WILL WITHHOLD ALL OF THE NEW AMOUNT DUE YOU UNTIL THE REMAINING OVERPAYMENT OF $4,058.11 IS RECOVERED. PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE IF YOU DISAGREE WITH THIS RATE OF WITHHOLDING OR IF YOU PREFER TO MAKE REFUND.

IN FIGURING THE AMOUNT OF YOUR PAYMENTS WE CONSIDERED ALL INCOME WHICH WILL BE AVAILABLE TO YOU IN JULY. OUR RECORDS SHOW THAT YOUR TOTAL MONTHLY INCOME IN JULY WILL BE $293.08.

THIS AVERAGE MONTHLY INCOME IS BASED ON THE FOLLOWING INCOME—

YOUR INCREASED SOCIAL SECURITY BENEFIT, BEFORE ANY DEDUCTIONS FOR MEDICARE MEDICAL INSURANCE PREMIUMS, OF $125.30. YOU SHOULD RECEIVE THE INCREASED GREEN—COLORED CHECK ABOUT JULY 03.

YOUR VA PENSION OF $30.78.

YOUR CIVIL SERVICE ANNUITY OF $137.00.

Important: See other side for an explanation of your appeal rights and other information. ▶

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mercedese M. Guidry
% Mission Village
PO Box 893
Georgetown, Guyana
SOUTH AMERICA

Date
June 16, 1978

Your Claim Number
439-26-5550 A

F-3-b-64

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

ADDITIONAL INFORMATION ABOUT YOUR CLAIM

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 60 days, benefit payments will be stopped until it is received.

F-3-h-65

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
No. D (7-63) ☆U.S. GPO: 1973—545-313/49

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Lue D. Goodspeed
Box 893
Georgetow GUYANA

F-3-b-66

Date
3/19/78

Your Claim Number
463-16-6315 B

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

(See Attached Please.)

Enclosures:
Form SSA-609
Form SSA-1425F
Form SSA-21, Envelope, SSA-5000

66
67C

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 34,451,817
SYMBOL 3127

United States Treasury 15-51 / 000

DO NOT FOLD, BEND, OR MUTILATE
KNOW YOUR INDORSER - SECURE IDENTIFICATION

PAY TO THE ORDER OF RAYMOND D GODSHALK [redacted] 17 A 5

DATE		
MONTH	DAY	YEAR
10	03	78

BX 466
REDWOOD VALLEY CA 95470

DOLLARS	CTS.
$***308	70

SOC SEC FOR SEP

013
Clement J. Zablocki
DISTRICT FINANCIAL DISBURSING OFFICER

⑈31273⑈ ⑆0000-0051⑆ 344518174⑈

F-3-6-67

F-3-b-68

LOCKHEED HOURLY RETIREMENT PLAN

BENEFIT INCREASE TO RETIREES
ELIGIBLE FOR LOCKHEED HOURLY RETIREMENT BENEFITS

JUNE 15, 1978

C G HALL 131204
977 FELL ST
SAN FRANCISCO
CALIF 94117

DEAR RETIREE

AS A RETIRED EMPLOYEE WHO IS ELIGIBLE FOR LOCKHEED HOURLY RETIREMENT PLAN BENEFITS, YOU ARE ENTITLED TO A 5% INCREASE IN YOUR MONTHLY PENSION BENEFIT EARNED UNDER THE HOURLY PLAN, EFFECTIVE AS OF JANUARY 1, 1978.

YOUR JULY 1, 1978 PENSION CHECK WILL INCLUDE THIS BENEFIT INCREASE FOR THE MONTH OF JULY 1978, PLUS A RETROACTIVE PAYMENT COVERING THE MONTHS BACK TO JANUARY 1, 1978 (OR TO YOUR RETIREMENT DATE, IF IT IS LATER THAN JANUARY 1, 1978). YOUR AUGUST 1, 1978 PENSION CHECK AND FUTURE PENSION CHECKS WILL BE PAID AT THE NEW BENEFIT LEVEL.

AMOUNT OF MONTHLY BENEFIT BEFORE BENEFIT INCREASE..... $ 116.59

AMOUNT OF JULY, 1978 PAYMENT AFTER BENEFIT INCREASE.... $ 122.42

AMOUNT OF RETROACTIVE PAYMENT DUE..... $ 34.98

TOTAL GROSS AMOUNT OF JULY, 1978 PAYMENT..... $ 157.40

GROSS AMOUNT OF AUGUST 1, 1978 AND
FUTURE MONTHLY BENEFITS.....$ 122.42

THE ABOVE AMOUNTS DO NOT INCLUDE ANY REDUCTIONS FOR THE EARLY RETIREE MEDICAL PLAN, OR FEDERAL OR CALIFORNIA STATE WITHHOLDING TAXES.

THIS IS AN ADVANCE NOTICE. YOUR CHECK FOR JULY, 1978 WILL INCLUDE THE PAYMENTS DESCRIBED ABOVE. NO CHECK IS ENCLOSED WITH THIS NOTICE.

LOCKHEED RETIREMENT PLAN OFFICE
P. O. BOX 551
BURBANK, CALIFORNIA 91520
PHONE NO. (213) 847-6615

See above —

If this check is not being received at P.O. B 893 regularly, another letter from Mr Hall needs to be written. I'm concerned because this letter came to the Fell St address.

Phyllis

DELINQUENT NOTICE

NOTICE OF PREMIUM PAYMENT DUE

PLEASE RETURN THIS CARD AND YOUR PAYMENT IN THE ENCLOSED ENVELOPE

HOSPITAL INSURANCE				
DATE DUE PERIOD	PREM DUE AMOUNT	CURRENT BILLING PERIOD	CURRENT PERIOD AMOUNT	TERMINATION DATE
	$		$	

MEDICAL INSURANCE				
DATE DUE PERIOD	PREM DUE AMOUNT	CURRENT BILLING PERIOD	CURRENT PERIOD AMOUNT	TERMINATION DATE
NOV 77-APR 78	$ 39.00	MAY 78-JUL 78	$ 23.60	APR 30
		TOTAL PAYMENT DUE →	$ 62.60	DUE DATE MAY 5

CLAIM NUMBER 458-16-3265M

ROSE M HINES
998 DIVISADERO
APT 206
SAN FRANCISCO CA
94115

F-3-b-69a

JULY RATE INCREASE INCLUDED

Please pay promptly if you pay premiums monthly. If payment required after the 25th of the month this bill is received will not be cancelled before your next bill is necessary if you have already paid part of the total payment due, pay only the balance.

Form HCFA 2000 (9-77) Please pay by check or money order to: Social Security Medical Insurance. Show claim number printed above on the top of your check or money order. Do not send cash or stamps. Please do not staple or fold this card. SEE INFORMATION ON BACK.

For office use only

Post date premium must be paid by the termination date shown or Medicare coverage will end on that day.

NAME

STREET

NUMBER AND STREET

CITY STATE ZIP CODE

Place Stamp Here. The Post Office Will Not Deliver Mail Without Postage.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Mid-America Program Service Center
P. O. Box 13688
Kansas City, Missouri 64106

F-3-b-69b

IMPORTANT MESSAGE

If you are billed for your premium quarterly (every 3 months), the total past due amount must be paid by the termination date shown on the reverse side.

If you are billed for your premium monthly, at least one month's premium must be paid by that date.

If you don't pay your premium, your Medicare insurance protection will end. When your Medicare coverage ends, you cannot apply for it again until a general enrollment period, which is the first 3 months of each year. Your premiums may be higher because you allowed your insurance to end, and your coverage will not begin until July 1 of the year in which you reapply. If you allow your Medicare insurance to lapse a second time, you will never again be eligible for Medicare.

Even if you allow your Medicare insurance to end, you still must pay all premiums owed for past coverage.

[illegible]

[illegible]

- Shown your [illegible] your left cover of your check or money order—enclosed your premium notice and your signed check or money order?

PLEASE DO NOT COMPLETE THIS FORM UNLESS YOU HAVE A CHANGE OF ADDRESS TO REPORT

[illegible]

F-3-b-70

PHYLLIS D. HOUSTON
POB 6143
SAN FRANCISCO, CALIF. 94101

110

October 5 1978

11-36/62
1210

PAY TO THE ORDER OF Paula Adams $793.60

seven hundred and ninty three and 60/100 DOLLARS

BARCLAYS BANK
OF CALIFORNIA THIRD AND MARKET OFFICE
699 MARKET STREET
SAN FRANCISCO, CALIFORNIA

MEMO Paula and Julie Houston
Food, Lodging and Educational Expenses

Phyllis D. Houston

⑆1210⑈0036⑆ 00613 18533⑈

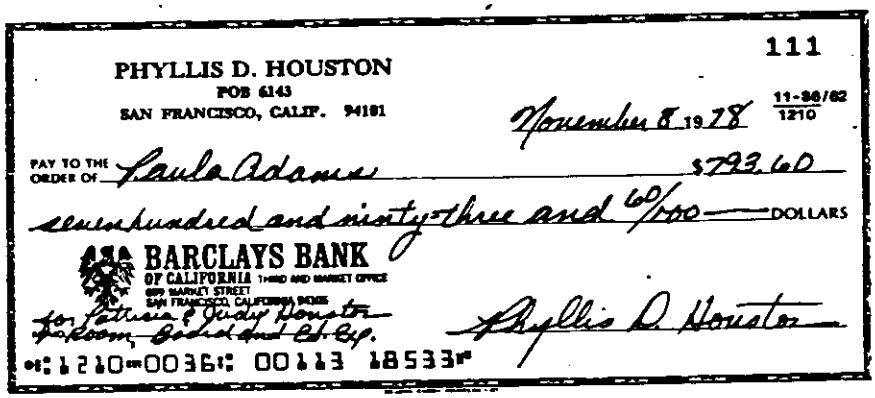
Carolyn

Paula has the original copy and of the above Xerxed check.

Best wishes - Dad's Love,
Phyllis

F-3-b-71

Maria,



PHYLLIS D. HOUSTON
POB 6143
SAN FRANCISCO, CALIF. 94101

111

November 8 1978

11-36/62
1210

PAY TO THE ORDER OF Paula Adams $793.60

seven hundred and ninety-three and 60/100 DOLLARS

BARCLAYS BANK OF CALIFORNIA THIRD AND MARKET OFFICE
699 MARKET STREET
SAN FRANCISCO, CALIFORNIA 94105

for Patricia & Judy Houston
Room, Board and Ed. Exp.

Phyllis D. Houston

⑆1210⑈0036⑆ 00113 18533⑈

I sent the original to Paula as always.

Phyllis

cc: Carolyn

F-3-b-72

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 34,408,046
SYMBOL 3127

United States Treasury 15¢/000

DO NOT FOLD, SPINDLE OR MUTILATE
ENDORSE - REQUIRE IDENTIFICATION

PAY TO THE ORDER OF

MONTH	DAY	YEAR
10	03	79

PHYLLIS HOLSTON FCR 545-60-7505
CHLRN OR R H HOUSTON 46 01 5
BX 6143
SAN FRANCISCO CA 94101

DOLLARS	CTS.
$***793	60

SOC SEC FCR SEP

013
Clarence S. Taylor
FISCAL SERVICE DISBURSING OFFICER

⑈31273⑈ ⑆0000⑉0051⑆ 34408046 2⑈

Social Security Benefit Information

F-3-b-73

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71722:PE

Date August 4, 1978

Joseph Helle
Mission Village
PO Box 893
Georgetown Guyana
SOUTH AMERICA 894

Your Claim Number
544-24-9228 C1

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 6 months, payments will be stopped until it is received.

Enclosures:
Form SSA-609, SSA-21 & Envelope
Form SSA-1425F

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 56,084,779
SYMBOL 2078

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER • • REQUIRE IDENTIFICATION

United States Treasury 15-51/000

PAY TO THE ORDER OF JOSEPHINE HARRIS
802 FELL ST
SAN FRANCISCO CA 94117

357-07-5154
79 A 4
SOC SEC FOR JUN

MONTH	DAY	YEAR
07	03	78

DOLLARS	CTS.
$***101	60

⑈2078⑈ ⑆0000⑈0051⑆ 560847793⑈

F-3-6-74

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 65,259,139
SYMBOL 3114

DO NOT FOLD, BRISTLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

United States Treasury 15-51/000

PAY TO THE
ORDER OF ANNIE M HARRIS 437-26-8365
802 FELL ST 3S A 6
SAN FRANCISCO CA 94117 . SOC SEC FOR JUN

MONTH	DAY	YR
07	03	78

DOLLARS	CTS.
$***146	90

026
REGIONAL DISBURSING OFFICER

⑈311441⑈ ⑆0000-0051⑆ 652591390⑈

F-3-6-75

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Chec No. 19,102,697
SYMBOL 3114

United States Treasury 15-51/000

DO NOT FOLD, STAPLE OR MUTILATE
KNOW YOUR ENDORSER - SIGNATURE IDENTIFICATION

PAY TO THE ORDER OF ANNIE M HARRIS
802 FELL ST
SAN FRANCISCO CA 94117

437-26-8365
97 A 6
SOC SEC FOR SEP

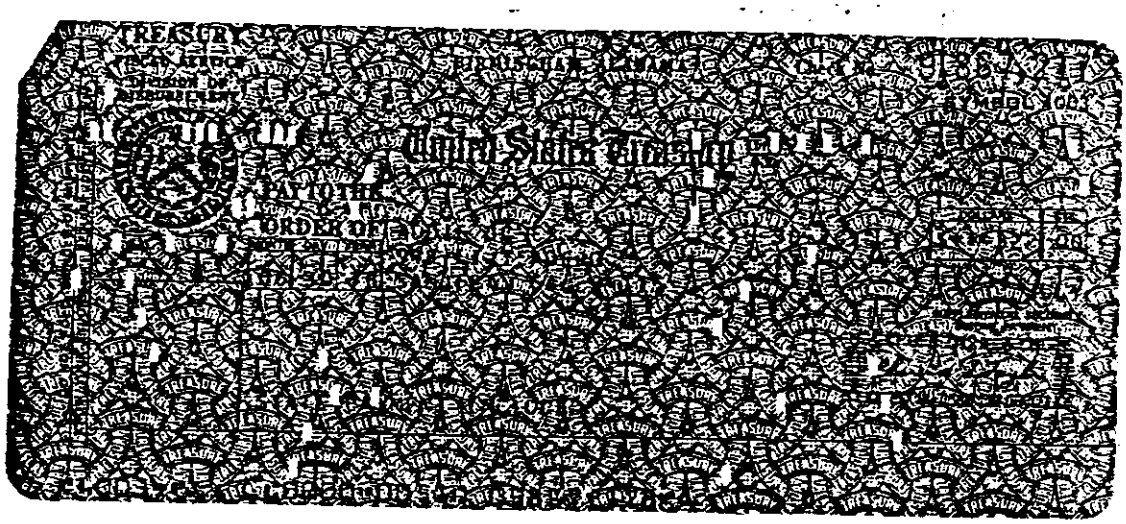
MONTH	DAY	YEAR
10	03	78

DOLLARS	CTS.
$***146	90

034

⑈31141⑈ ⑆0000⑈0051⑆ 191026979⑈

F-3-b-76



F-3-b-77

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-b-78

DETACH AND RETAIN THIS STUB

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX		TOTAL PAY	
JOHNSON, ROBERT	11/01/78	368.00	8.20			376.20	

F-3-b-79

NOTICE OF PAYMENT OF GROUP ANNUITY PROCEEDS

NAME OF DECEDENT Lynetta P Jones

ADDRESS PO Box 15156

CITY OR TOWN San Francisco, California STATE & ZIP CODE 94115

COUNTY

DATE OF DEATH December 1, 1977.

NAME OF BENEFICIARY James W Jones

DATE OF BIRTH unknown RELATIONSHIP Son

ADDRESS same as deceased

CITY OR TOWN STATE & ZIP CODE

COUNTY

CONTRACT NUMBER 950-25-303-16-7310 MONTHLY PAYMENT FROM RETIREMENT FUND $ 81.68
ONE INSTALMENT DUE PRIOR TO DEATH

NAME OF CONTRACTHOLDER DANA CORPORATION

Notice is hereby given that payment will be made by the undersigned of the proceeds described above. The payments described above are not guaranteed and cease upon death, notice from Group Annuity Contractholder or insufficiency of Group Annuity Contractholders Retirement Fund.

ADDRESS OF STATE
San Francisco District
Humboldt Bank Building
785 Market Street
San Francisco, CA 94102

The Equitable Life Assurance
Society of the United States
P. O. Box 2498
New York, N.Y. 10001

L. C. Sperling, Asst. Vice President

E. C. June 5, 1978.

M. Jones

STATE OF CALIFORNIA
OFFICE OF THE CONTROLLER
DIVISION OF DISBURSEMENTS

CONTACT DEDUCTION COMPANIES OR YOUR PERSONNEL OFFICE REGARDING MISCELLANEOUS DEDUCTION CHANGES

FILE A NEW FORM W-4 IF YOU CHANGE YOUR NAME, ADDRESS, MARITAL STATUS, OR NUMBER OF ALLOWANCES

WARRANT NUMBER 02-864971

STATEMENT OF EARNINGS AND DEDUCTIONS (CD 39, 1-75)

DO NOT PAY
THIS IS NOT A CHECK

SOCIAL SECURITY NUMBER	PAY PER (C, MO, YR)	GROSS EARNINGS	NORMAL RET CONTRIB	FEDERAL TAX	CURRENT O.A.S.D.I.	CALIF STATE TAX	MISC DEDUCTIONS DED	MISC DEDUCTIONS ORG	MISC DEDUCTIONS AMOUNT	NET PAY
306242805	3077	53571		5336		572				48663

DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT

4971

SEE EXPLANATION OF DEDUCTIONS ON REVERSE SIDE OR ASK YOUR PERSONNEL OFFICE

PAY PERIOD CODES

0 FULL MONTH
1 FIRST HALF OF MONTH
2 LAST HALF OF MONTH
3 INDUSTRIAL DISABILITY LEAVE, MILITARY LEAVE OR LUMP SUM SICK LEAVE
4 EMERGENCY EMPLOYMENT
5 CASH OVERTIME
6 LUMP SUM OVERTIME
7 LUMP SUM VACATION
8 ADJUSTMENT OF PREVIOUS PAYMENT INVOLVING TIME WORKED
9 ADJUSTMENT OF PREVIOUS PAYMENT NOT INVOLVING TIME WORKED

F-3-b-80

F-3-b-81

M. Jones

STATE OF CALIFORNIA
OFFICE OF THE CONTROLLER
DIVISION OF DISBURSEMENTS

CONTACT DEDUCTION COMPANIES OR YOUR PERSONNEL OFFICE REGARDING MISCELLANEOUS DEDUCTION CHANGES

FILE A NEW FORM W-4 IF YOU CHANGE YOUR NAME, ADDRESS, MARITAL STATUS, OR NUMBER OF ALLOWANCES

WARRANT NUMBER 02-839861

STATEMENT OF EARNINGS AND DEDUCTIONS (CD 39, 1-75)

DO NOT PAY
THIS IS NOT A CHECK

SOCIAL SECURITY NUMBER	PAY PER (C, MO, YR)	GROSS EARNINGS	NORMAL RET CONTRIB	FEDERAL TAX	CURRENT O.A.S.D.I.	CALIF STATE TAX	MISC DEDUCTIONS DED	MISC DEDUCTIONS ORG	MISC DEDUCTIONS AMOUNT	NET PAY
306242805	3067	53571		3211		3641	6		744	44159

DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT	DED	ORG	AMOUNT
60		3470	88	43	1623												

9861

SEE EXPLANATION OF DEDUCTIONS ON REVERSE SIDE OR ASK YOUR PERSONNEL OFFICE

PAY PERIOD CODES

0 FULL MONTH
1 FIRST HALF OF MONTH
2 LAST HALF OF MONTH
3 INDUSTRIAL DISABILITY LEAVE, MILITARY LEAVE OR LUMP SUM SICK LEAVE
4 EMERGENCY EMPLOYMENT
5 CASH OVERTIME
6 LUMP SUM OVERTIME
7 LUMP SUM VACATION
8 ADJUSTMENT OF PREVIOUS PAYMENT INVOLVING TIME WORKED
9 ADJUSTMENT OF PREVIOUS PAYMENT NOT INVOLVING TIME WORKED

MISCELLANEOUS DEDUCTIONS

CODE	EXPLANATION
01-08	Public Employees Retirement System—Retirement (Normal Adjustment, Arrears, Additional, etc.)
10	Cal. Western Major/Medical and/or Life Insurance
11-12	Fixed-Variable Maintenance
13	Legislators Miscellaneous
14	Superior Court Judges Miscellaneous (see 03.91)
16	Dues in California State Employees Association
17	Charitable Contribution (see 03.92)
27	Tax Sheltered Annuity—CSUC Only (see 03.93)
28	Administrative Charge for Deferred Compensation
29	Deferred Compensation (see 03.94)
30	Tax Sheltered Annuity—Other than CSUC
31	State Teachers Retirement System—Retirement Adjustment
32	Judges Retirement System—Retirement Adjustment
33	Government Life Insurance
35	Accounts Receivable for Salary Overpayment
36	U.S. Savings Bond
38	Child Support Assignment of Wages
39	Judgement or Tax Levy
40-42	University of California Retirement (Adjustment, Fixed-Variable Annuity)
49	Contribution to Union Benefit Trust Fund
50	Parking (see 03.95)
51	Credit Union (see 03.96)
52-73	Health Benefits Deductions (Basic, Medicare Supplement, Major Medical)
74	G.C. 1156 (f) Insurance/Employee Benefit (see 03.97)
75	G.C. 1156 (g) Insurance/Employee Benefit (see 03.98)
76	Judges' Retirement—Surviving Children Benefits
77	PERS Survivors Benefits Contribution
78-82	Health Benefits Deductions (Basic, Medicare Supplement, Major Medical)
88	Dues in Employee Associations (Other than CSEA) (see 03.99)
94	Illinois State Withholding Tax
95	Calif. State Withholding Tax
96	New York State Withholding Tax
97	Old Age, Survivors, and Disability Insurance
99	Federal Withholding Tax

See Controller's Payroll Procedures Manual Section 08, available in your departmental personnel office, for further explanation and Organization Code explanation.

MISCELLANEOUS DEDUCTIONS

CODE	EXPLANATION
01-08	Public Employees Retirement System—Retirement (Normal Adjustment, Arrears, Additional, etc.)
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31	State Teachers Retirement System—Retirement Adjustment
32	Judges Retirement System—Retirement Adjustment
33	Government Life Insurance
35	Accounts Receivable for Salary Overpayment
36	U.S. Savings Bond
38	Child Support Assignment of Wages
39	Judgement or Tax Levy
40-42	University of California Retirement (Adjustment, Fixed-Variable Annuity)
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96	New York State Withholding Tax
97	Old Age, Survivors, and Disability Insurance
99	Federal Withholding Tax

See Controller's Payroll Procedures Manual Section 08, available in your departmental personnel office, for further explanation and Organization Code explanation.

8-96

BLUE SHIELD of California

P.O. BOX 3637, SAN FRANCISCO, CA 94119 (415) 445-8151
P.O. BOX 92945, LOS ANGELES, CA 90009 (213) 642-3600

PATIENT'S NAME	GROUP NO.	SUBSCRIBER NO.	CLAIM NO.	PROVIDER OF SERVICES	BIR.	DAY	Y.
JONES MARCELINE	970-000	306242805	01780520574702		06	02	8

A CLAIM HAS BEEN RECEIVED FOR THE SERVICES SHOWN BELOW. IT HAS BEEN PROCESSED IN ACCORDANCE WITH THE BENEFITS OF THE SUBSCRIBER'S *BLUE SHIELD* HEALTH PLAN.

F-3-b-82

EXPLANATION OF BENEFITS

FOR THE CLAIM RECEIVED ON 05/23/78

OUT OF STATE PROVIDERS
C/O CA BLUE SHIELD
720 CALIF ST
SAN FRANCISCO XX 99999

03000

11650591

891744058

SERVICES BILLED	PROC NO	DATE OF SERVICE FROM MO	FROM YR	FROM DAY	TO DAY	NO OF SERVICES		AMOUNT BILLED		MAX CONTRACT AMOUNT PAYABLE BY BLUE SHIELD		UNPAID AMOUNT		UNPAID CODE	AMOUNT PAID	
HOSPITAL RATE	993100	01	78	10	19	09	0	643	50	643	50	128	70	1	514	80
HOSP MISC.	996200	01	78	10	19	01	0	15	00			15	00	2		00
HOSP MISC.	986000	01	78	10	19	01	0	421	51	421	51	134	30	3	287	21
LABORATORY	9300000	01	78	10	19	01	0	17	00	17	00	3	40	4	13	60

1 $128.70 IS THE PATIENT'S CO-PAYMENT PORTION
2 PERSONAL ITEMS ARE NOT A BENEFIT OF THIS CONTRACT.
3 $50.00 HAS BEEN CREDITED TOWARD THE DEDUCTIBLE AND $84.50 IS THE PATIENT'S CO-PAYMENT PORTION
4 $3.40 IS THE PATIENT'S CO-PAYMENT PORTION
THIS IS AN ADJUSTED PAYMENT FOR A PREVIOUSLY PROCESSED CLAIM.

C 4000

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
555 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/7 1978

LUCIELLA JOHNSON
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Soc. Sec.	72 90
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT	72 90	

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-b-83

⑆1210⑈0003⑆ 00 47395 2⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

DETACH AND RETAIN AS YOUR PERSONAL RECORD

NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

0 917 772

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR			FED. W.H. TAX	ST. W.H. TAX	OTHER	
		46516	11	03	78	445464	430.86				430.86

03																							
	HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

SEE REVERSE SIDE FOR DEDUCTION CODES

EARL J JOHNSON
P O BOX 893
GEORGETOWN
GUYANA SOUTH AMERICA

F-3-b-84

PENSION FUND OF THE CHRISTIAN CHURCH
(Disciples of Christ)

Remove 1975 Special Rider and attach to Certificate of Membership issued between July 1, 1972 and June 30, 1978.

SPECIAL RIDER

The Certificate of Membership is amended as follows:

F-3-b-85a

Disability Benefits - (Effective July 1, 1978)

Section II B 1 a (2)

"The amount of the Short Term Disability Pension shall be 60% of the member's compensation base (excluding the portion thereof in excess of $14,000) on which dues were paid during the twelve (12) months immediately preceding the time such disability began."

Widow Pension - (Effective July 1, 1975)

Section II C 1 e

"The Widow Pension shall cease upon her death or remarriage; however, the Widow Pension shall be continued if –

(i) The remarriage is consummated after June 30, 1975;
(ii) The widow is age 60 or over at the time of the remarriage; and
(iii) The widow had been married to the deceased member for at least twenty (20) years."

Compensation Base - (Effective October 26, 1977)

Section III A

"The compensation base for computing dues and benefits shall be the total cash salary received by the member plus all housing and/or parsonage allowances, including utilities allowance. Where a parsonage is provided, the fair rental value, but at least 20 percent of the cash salary, shall be added to the cash salary. Other allowances, such as book, travel, auto, etc., may be added to maximize the compensation base and increase benefits."

47R–6M–6-78

F-3-b-85b

PENSION FUND OF

THE CHRISTIAN CHURCH
(Disciples of Christ)

700 TEST BUILDING
54 MONUMENT CIRCLE
INDIANAPOLIS,
INDIANA 46204
317-634-4504

Lester D. Palmer
Vice President-Secretary

July 6, 1978

Dear Pension Plan Member:

Pension Plan Disability Benefits are increased July 1, 1978 without an increase in dues. Both the "Short Term" and the "Long Term" disability maximums on pensions begun on or after July 1, 1978, are raised to a maximum of $700.00 per month. This is 60% of annual compensation, not exceeding $14,000.

The enclosed "Special Rider" updates your Pension Plan Certificate of Membership. It includes the increase in the Disability Benefit as well as all other amendments since new Certificates were issued in 1972. Though Certificates are not required to draw benefits, it is good to have one. If you have lost your Certificate or if you have a Certificate dated before July 1, 1972, you should check it out. A pre 72 Certificate would only be appropriate for a handful of Pension Plan members who have partial participation. If total dues from the organization and member are being remitted at the 13% rate, or if 5% special "member only" dues are sent, you should have a 1972-78 model Certificate and should write for a appropriate document.

Otherwise, please remove the 1975 "Special Rider" and attach this rider to your Certificate of Membership so that you will have an up-to-date full description of your Pension Plan Benefits.

Cordially yours,

Lester D. Palmer

Lester D. Palmer

LDP/gd

AC 950-25-303167310

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES
Group Administration Department
P.O. Box 2498
New York, New York 10001

In connection with the recent Death Claim settlement, enclosed for your records is a copy of the Notification of Payment form the Equitable is required to submit to the deceased's State of residence.

278-71 (77/05) F-3-b-85c

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES **STATEMENT OF ACCOUNT**

BENEFITS PAYABLE TO JAMES W JONES 5

PAYMENT FOR 950-25-303167310, FOR 77/12/01
PAYMENT FROM PLAN FUNDS- $81.68

F-3-b-85d

AMOUNT OF CHECK ********$81.6

THISP PAYMENT BELONGS TO THE ESTATE OF THE DECEASED AND IS BEING PAID TO THE PAYEE INDIVIDUALLY AND ON BEHALF OF ALL THE OTHER HEIRS AND NEXT OF KIN OF THE DECEASED.

JAMES W JONES
DANA CORPORATION PERFECT CIRCLE DIV
P O BOX 1446
RICHMOND INDIANA 47374
ATT: VIOLET JEANS PERSONNEL OFFICE

DATE
JUN 8, 1978
EMPLOYEE/ANNUITANT
LYNETTA P JONES

69 00480819

PLEASE DETACH BEFORE DEPOSITING CHECK

F-3-b-85e

This is for file on Jem.

F-3-b-87

Social Security Medicare Notice

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No. 563-30-8822A
Date JUN 05, 1978

ROSA L KEATON
% MISSION VILLAGE
BX 893
GEORGETOWN
GUYANA SO AMERICA 894

Your State Public Assistance Agency is no longer paying your Medicare MEDICAL INSURANCE premiums. The first month for which you are responsible for your medical insurance premium is

(Month and Year)

JUN 1978

If you are receiving social security payments, the premiums (including any you may owe for past months) will be deducted from future payments.

If you are not receiving social security payments, you will soon receive a bill for all premiums currently due. If you still owe premiums for any months before your State began paying them, the first month shown on your billing notice may be earlier than the date above. Do not pay anything until you receive this bill.

If you want to cancel your medical insurance coverage, notify your social security office immediately.

If you have any questions about this notice or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

YOUR NEXT SOCIAL SECURITY BENEFIT PAYMENT WILL BE IN THE AMOUNT OF $336.20 AND WILL BE RECEIVED AROUND JUL 03, 1978

F-3-h-869

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78

ACCOUNT NUMBER: 00-47412-6

DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

EMMA KENNEDY
P.O. BOX 15156
SAN FRANCISCO, CA

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	01	228 10	456 20	588 64	00	456 20

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	228 10	6 02				684 30	6 02
						684 30	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
300 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 19 78

EMMA KENNEDY
P.O. BOX 35156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Soc. Sec.	228 10
TOTAL		
LESS CASH RECEIVED		
TOTAL ITEMS	NET DEPOSIT	228 10

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

11-3 Services 11-3
F-3-b-86b

⑆1210⑈0003⑆ 00 4 12 6⑈ ⑈0000022810⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

0300 65705

PAY ANY [illegible], P.E.G.
BK. OF [illegible] TREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-9

JUN -2 79

Social Security Benefit Information

F-3-b-88

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR-5165:PE

Heavenly H. Love
Mission Village
P.O. Box 893
Georgetown Guyana
SO AMERICA 894

Date
October 23, 1978

Your Claim Number
[redacted]

b6
b7c

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Social Security Medicare Information

F-3-b-89

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR-5165:DA

Date
October 23, 1978

Your Claim Number:
[redacted]

b6
b7c

Heavenly H. Love
Mission Village
P.O. Box 893
Georgetown Guyana
SO AMERICA 894

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 9-30-78. We received your written request for cancellation on 5-22-78, but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

F-3-h-91

8108

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 09/13/78

Claim Number:

LOVELIFE LOWE 088-42-5801 A
BOX 893
GEORGETOWN GUYANA 894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 10/77. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR $208.00 WILL INCLUDE BENEFITS DUE THROUGH 09/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR $121.80.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ▶

If you believe this determination is not correct, you may request that your claim be reexamined. *If you want this reconsideration, you must request it not later than* 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any *social security office. If you live in the Philippines, you should contact the* United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service *post or write directly* to the Social Security *Administration* at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and *you're* still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report *all employment* even though you don't think your work or business will affect your social security checks. By *employment*, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales *representative*, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you *should notify us even if* you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule *is that you can't* get a check for any month you've worked or owned a business on any part of 7 or more days while you're *under 72. If you can't* get a check, then neither can any of your dependents. If your work is covered by the United *States* social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United *States*. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your *checks may be affected* by your work. However, upon receipt of your work notice, we will send you a form to fill out. *The information you submit* on the form will help us decide whether your work or business will affect your checks. *You will receive a decision* in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical *Insurance Premiums* Applies to You

a. *If monthly social security benefits are being paid to you now—*

Your next payment will be adjusted for any *premiums* you now owe or excess premiums you have paid in advance. After that, 1 month's premium *will be withheld from* your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—*

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered *and will be sent* to you shortly before the payment is due.

c. *Medicare outside the U.S.*

Generally, no Medicare services are provided outside the U.S. The *only* exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involv*ing emergencies* occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where *the foreign* hospital is nearer the beneficiariary's residence in the U.S. than the nearest U.S. hospital which can provide the care needed. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the *United States, Canada*, and Mexico may call, write, or visit any social security office for assistance. If you live in the *Philippines, you should* contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas *Boulevard, Manila*. All other persons may contact the nearest United States Foreign Service post or write directly to the *Social Security Administration*, at the address shown on the reverse side of this notice. The cancellation is not effective *until the third* month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium *is increased* by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you *cannot afford to refund* the full overpayment at one time or have your full payment withheld until the overpayment is recovered, *get in touch* with any social security office to see about repayment by installments or having a smaller amount *withheld from* your social security payments over a longer period of time. If you live in the United States, *Canada, or Mexico*, you can get in touch with any social security office. If you live in the Philippines, you can contact the *United States* Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons *may contact* the nearest United States Foreign Service post or write directly to the Social Security Administration at *the address* shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following *statements are true*:

a. The overpayment wasn't your *fault in any way and* you accepted the payment(s) because you thought they were correctly paid to you, and

b. You couldn't meet your necessary *living expenses if* you had to pay back the overpayment or have it withheld from your social security payments, *or if it would be unfair* for some other reason.

If you believe you were without fault and that you should not *have to repay* the money, you should write to us at the address shown on the reverse side of this notice. We shall need *a statement* of your assets, monthly income, and expenses to help decide whether repayment would cause you financial *hardship*.

F-3-b-90

8519

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 10/ 23/ 78

Claim Number: [redacted]

HEAVENLY H LOVE
MISSION VILLAGE
PO BOX 893
GEORGETOWN GUYANA
SO AMERICA 894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

THE PAYMENT YOU WILL RECEIVE SHORTLY AFTER 10/03/78 WILL BE ADJUSTED BY $108.20 FOR ALL MEDICAL INSURANCE PREMIUMS PREVIOUSLY DUE.

THE STATE STOPPED PAYING PREMIUMS 9/77, THEREFORE, YOU ARE RESPONSIBLE FOR ALL PREMIUMS TO DATE.

Important: See other side for an explanation of your appeal rights and other information. ▶

T-3-D-92

AIR MAIL

STATE OF CALIFORNIA—BOARD OF ADMINISTRATION

EDMUND G. BROWN JR., Governor

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

1416 NINTH STREET, P.O. BOX 1953
SACRAMENTO, CALIFORNIA 95809
Telephone (916) 445-0483

Schedule No. 8290

October 31, 1978

Reply to Section 018
Refer to 294-38-7774

Carolyn Looman
PO Box 893
Georgetown, Guyana
South America

1. [XX] Enclosed is a warrant for the amount of accumulated contributions standing to your credit in the Public Employees' Retirement System, which is sent following notice of your separation. You are hereby informed that your membership in the Retirement System is terminated. However, should you re-enter service, the law provides that your membership becomes effective on the date of re-employment, and you may have the option of redepositing your withdrawn contributions plus interest.

2. [ ] Enclosed is a warrant for the balance of the accumulated contributions standing to your credit in the Public Employees' Retirement System. Should you re-enter State service your membership would become effective on the date of re-employment, and you may have the option of redepositing your withdrawn contributions plus interest.

3. [ ] A warrant in the amount of your retirement contributions was mailed to the person or organization shown in box above. This refund was made in accordance with your instructions to us and represents a refund of all contributions standing to your credit in the Public Employees' Retirement System. You are hereby informed that your membership in the Retirement System is terminated. However, should you re-enter service, the law provides that your membership becomes effective on the date of re-employment, and that you may have the option of redepositing your withdrawn contributions plus interest.

4. [ ] Enclosed is a warrant in the amount of $_____ which represents the accumulated contributions credited to _____. This warrant is sent to you in accordance with instructions received in this office.

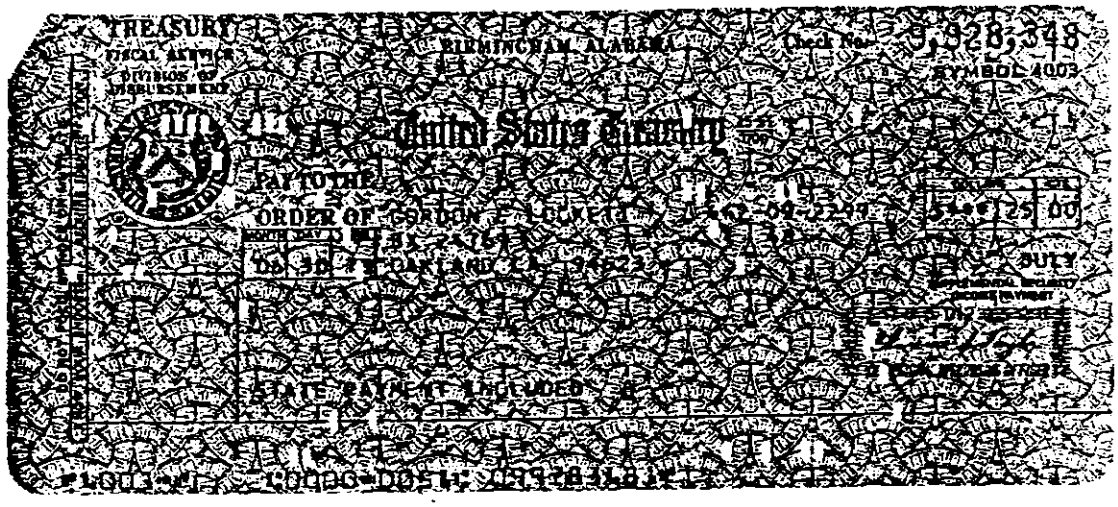
5. [ ] Enclosed is a warrant for the amount of contributions reported to this System in error. Your employment did not qualify you as a member, and the contributions deducted from your paycheck are being returned to you.

6. [ ]

BOARD OF ADMINISTRATION
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

by

PERS-ACC-50 (1/77)


TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT
BIRMINGHAM, ALABAMA
Check No. 9,928,348
SYMBOL 4003
United States Treasury
PAY TO THE
ORDER OF GORDON E. LOCKETT
$54.25 00
DATE
DUTY
STATE PAYMENT INCLUDED

F-3-b-93

F-3-b-94

UNIVERSITY OF CALIFORNIA SYSTEMWIDE ADMINISTRATION

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

Office of the Vice President
Academic and Staff Personnel Relations

BERKELEY, CALIFORNIA 94720

June 2, 1978

Lisa P. Layton
P. O. Box 893
Georgetown, Guyana

Dear Ms. Layton:

We have been notified by the Public Employees' Retirement System that the forms for your retirement have not been received by them, and hence they have not processed your retirement. Because you are not yet receiving a retirement annuity, we have been unable to deduct health insurance premiums.

Also, since you are so far from a Kaiser service facility, you should change your health insurance to one of the other University sponsored health plans. We are enclosing an Annuitants' Newsletter which gives you information about rates for Blue Cross, and the two Equitable plans. Please see pages 5, 6, and 7. Also enclosed are brochures which explain the benefits of each plan, and an enrollment form which you should complete and return to the office below:

Group Insurance, Room 302
University of California
2111 Bancroft Way
Berkeley, CA 94720

Please indicate on the form which health plan you wish, sign, date, and return it to us. Your coverage will be retroactive to December 1, 1977.

If you have any questions regarding your health insurance, please do not hesitate to contact this office.

Sincerely,

Jean Lucas

Jean Lucas,
Annuitant Health Plan Assistant

Enclosures

BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-95

PERIOD ENDING
NOV 25, 1977
BRANCH PHONE NO
415-273-5584

13 LISA P LAYTON
GEORGETOWN GUYANA
SOUTH AMERICA

0557-PS13

OPEN AN AUTOMATIC CHRISTMAS CLUB - THE EASY WAY TO SAVE FOR YEAR-END EXPENSES.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS/DEBITS NO	CHECKS/DEBITS AMOUNT	DEPOSITS NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	0	00	3	83029	102482

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS: CHECK NO	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS: DATE	AMOUNT
						11 1	38552
						1125	6977
						11 1	37500A

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED: DEBITS	CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
$194.53		$375.00	$842.00AV	0

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period
A Automatic Deposit
$ BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn
MN or AV Minimum or Average Balance used for Service Charge Calculation.

BA-1 10-76 (REV.)

BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-96

PERIOD ENDING
JAN 26, 1978
BRANCH PHONE NO
415-273-5584

LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

0557-PS13

BUYING A HOME...ASK ABOUT OUR NEW FIVE-YEAR VARI-RATE HOME LOAN AT YOUR BRANCH.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO	CHECKS / DEBITS AMOUNT	DEPOSITS NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1	.80	0	.00	199.02

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS						DEPOSITS	
CHECK NO	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	AMOUNT
SERV.CHGE.	126	.80					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
$199.82	$ 0.80		$199.00MN	0

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period
A Automatic Deposit
B BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn
MN or AV Minimum or Average Balance used for Service Charge Calculation

ER-1 10-75 (REV.)

BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
P.O. Box 4001
BERKELEY CALIF 94709

F-3-b-97

PERIOD ENDING
FEB 23, 1978

BRANCH PHONE NO.
415-273-5584

13 LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

0557-PS13

AT BANK OF AMERICA WE HAVE SIX DIFFERENT CHECKING PLANS TO CHOOSE FROM. THE CHOICE IS YOURS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS NO	CHECKS AMOUNT	DEBITS NO	DEBITS AMOUNT	DEPOSITS NO	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1	80			0	00	19822

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS: CHECK NO	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS: DATE	AMOUNT
SERV.CHGE.	223	80					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED: DEBITS	CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
$199.02	$ 0.80		$199.00MN	0

Key to Symbols.
* Gap in Check Sequence
** Includes Interest Payment Last Period
A Automatic Deposit
MN or AV Minimum or Average Balance used for Service Charge Calculation
B BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn

ER-1 10-76 (REV.)

BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-98a

PERIOD ENDING
MAY 25, 1978
BRANCH PHONE NO
415-273-5584

0557-PS15

15 LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

LOANS FOR PLANES, BOATS AND RECREATION VEHICLES...
COME IN AND LETS TALK ABOUT FINANCING.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO	CHECKS DEBITS NO	CHECKS DEBITS AMOUNT	DEPOSITS NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	2	18889	0	00	773

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS: CHECK NO	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS: DATE	AMOUNT
SERV.CHGE.	SP5	87					
306	517	18800					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED: DEBITS	CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
$196.62	$ 0.87		$8.00MN	1

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period
B BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn
A Automatic Deposit
MN or AV Minimum or Average Balance used for Service Charge Calculation.

SB-1 10-76 (REV.)

LISA P. LAYTON

F-3-b-98b

306

Apr. 22 19 78

11-35
1210

PAY TO THE ORDER OF Peoples Temple $188.00

One hundred eighty eight DOLLARS CENTS

BANK OF AMERICA

SHATTUCK-VINE BRANCH
1536 SHATTUCK AVE., BERKELEY, CA 94709

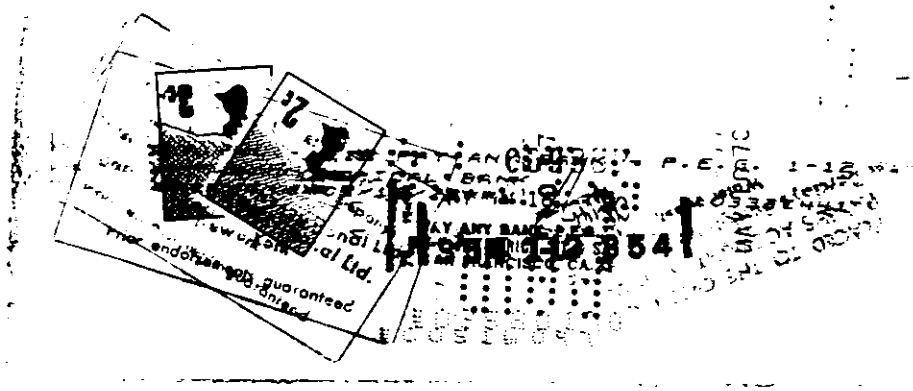
MEMO

Lisa P. Layton

⑆1210⑈0035⑆306⑈05573⑈0112⑈ ⑈00000188⑈00

MAR 1978

WALL STREET, GEORGETOWN



BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-99

PERIOD ENDING
AUG 28, 1978
BRANCH PHONE NO
415-273-5584

15 LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

0557-PS15

BEFORE YOU SEND YOUR CHILDREN TO COLLEGE SEND THEM TO BANK OF AMERICA—ALL THE BANK A STUDENT NEEDS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS · DEBITS NO.	CHECKS · DEBITS AMOUNT	DEPOSITS NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1	80	0	00	533

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECKS AND OTHER DEBITS				DEPOSITS	
CHECK NO	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	AMOUNT
SERV.CHGE.	828	80					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	CREDITS	MINIMUM/AVERAGE BALANCE	ENCLOSURES
$6.13	$ 0.80		$6.00MN	0

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period
A Automatic Deposit
B BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn
MIN or AV Minimum or Average Balance used for Service Charge Calculation.

SDF-1 10-75 (REV.)

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

SHATTUCK - VINE BERKELEY, CALIF. 557
BRANCH

DATE

Your Savings ☐ Checking ☑ Tenplan ☐ Account No. 3-1112

has been credited with $ 69.77 Received by ✓
TELLER

received from

F-3-b-100

L. P. Layton
272 Hermann St
Berkeley CA 94707

BN-M-3 2-77 Acknowledgment of In-Mail Deposit

PAY PERIOD ENDING MO DA YR	ACCOUNT	TYPE PAY	TIME CODE	TIME HOURS OR % TIME	RATE CODE	RATE FACTOR	GROSS	DED OR ADJUST CODE	DED OR ADJUST AMOUNT	DATE MO DA YR	CHECK NUMBER	CHECK DST	LOC
103177	603000	00	7	13.00	1	5.7000	74.10			111237	875104538		1

8-75104

STATEMENT OF EARNINGS AND DEDUCTIONS
Questions should be addressed to your department

EMPLOYEE NUMBER	EMPLOYEE NAME	GROSS	CODE	AMOUNT	AMOUNT	F.I.C.A.	OTHER DEDUCTIONS	NET
479385	LAYTON LP	74.10	100			453-		69.77
			CALIF STATE TAX / FEDERAL WITHHOLD TAX		RETIREMENT			

FORM U1415 (R 5-73)

RETAIN THIS STATEMENT AS A RECORD OF EARNINGS, TAXES AND RETIREMENT DEDUCTIONS

F-3-b-101

LELA H. MURPHY

560-20-8425

	DATE	SOURCE/EXPLANATION	1 AMOUNT	2 BALANCE	3 PREVIOUS BALANCE
1977 1	9 2	SSA for Aug.	31 8 20	31 8 20	—
2	1 3	" Dec.	31 8 20	63 6 40	31 8 20
1977 3	12 1	SSA Ins.	65 4 20	129 0 60	63 6 40
1978 4	2 3	" for Jan.	31 8 20	160 8 80	129 0 60
5	1 6	North American Benefit Assoc.	55 2 17	216 0 97	160 8 80
6	3 3	SSA for Feb.	31 8 20	247 9 17	216 0 97
7					247 9 17

F-3-b-102

© WILSON JONES COMPANY G7503 GREEN PAT. APPL. FOR 477 MADE IN U.S.A.

CURRENT	1ND	2ND	3ND	JAN.	FEB.	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT.	NOV.	DEC.	NO BAL
FOLLOWUP				OLDEST ITEM												

NAME MURPHY, LELA H.

ACCT. NO.

ADDRESS 560-20-8425

SHEET NO.

CITY

CREDIT LIMIT

DATE	DESCRIPTION	CHARGES	V	CREDITS	BALANCE	PREVIOUS BALANCE
12/3	SSA			300 40	300 40	—
1/3	SSA			300 40	600 80	300 40
1/26	SSA substitute			300 40	901 20	600 80
2/3	SSA			300 40	1201 60	901 20
3/3	SSA			300 40	1502 00	1201 60
4/1	SSA			300 40	1802 40	1502 00
5/3	SSA			300 40	2102 80	1802 40
6/3	SSA			300 40	2403 20	2102 80
7/1	SSA			318 20	2721 40	2403 20
8/3	SSA			318 20	3039 60	2721 40
9-5	Cash			158 00	3,197 60	3039 60
	F-3-b-103					

FORM T-712-BC (3-78)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71736:PE

Date 05/26/78

Annie J McGowan
Box 893
Georgetown GUYANA 894

Your Claim Number
355-01-1484 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the additional distance and the special handling involved.

Benefits may not be payable if you are not a United States citizen and are outside the country for more than 6 full consecutive calendar months. The conditions for payment of benefits are explained in the enclosed booklet. To help us determine whether you can continue to receive your benefits while uou are outside the U.S., please complete the enclosed form SSA-21 as checked below:

☒ all questions on the form must be completed

☐ answer the questions checked in red on the form

This form should be completed and returned to us in the enclosed envelope. Your benefits will be stopped if the completed form is not received within 90 days.

If you are not a United States citizen and do not meet any of the conditions which permit payment of benefits outside the United States, you must return to this country at least once every 30 days for us to continue payments. Or, once you are outside the United States for 30 full consecutive days prior to the end of the 6-month period, you must return to the United States and spend 30 full consecutive calendar days here.

If neither of the above is done, benefits will be stopped after an absence of 6 consecutive calendar months. Once benefits are stopped, they can be started again if you return to this country and live here for 1 full calendar month. This means you must be in the United States continuously from before midnight of the last day of one month until after midnight of the last day of the next month.

F-3-b-104

OVER

While you are outside the U.S., you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work affects your right to receive benefits. We are enclosing a postcard which you may use to report any of the events described in the booklet. Please notify the nearest social security office when you return to the United States.

Any check you receive for a month for which you are not eligible should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
SSA-21
SSA-609
SSA-1425F
Return Envelope

RL-16c-F
(8-71)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
U.S. RAILROAD RETIREMENT BOARD
1515 CLAY STREET, ROOM 412
OAKLAND, CALIFORNIA 94612

JUN 6 1978

FAMILY OR FRIENDS OF THE FAMILY OF
ANNIE MCGOWAN, (DECD)
7625 E. ROAD
REDWOOD VALLEY, CA. 95470

RE: A-355-01-1484

It is requested that you meet OUR REPRESENTATIVE

at the NORTHWESTERN PACIFIC RR DEPOT
4th & WILSON STREETS
SANTA ROSA, CALIF. 95402

ON TUESDAY, JUNE 13, 1978, at
9:30 a.m.

. Please bring with you the items checked below.

YOU NEED NOT FURNISH ANY ITEM UNLESS IT IS CHECKED.

- [ ] Proof of marriage
- [ ] Proof of age for
- [ ] Proof of relationship for
- [ ] Social Security number(s) for
- [x] Proof of death. (death certificate) Or give us the date that she expired.

If you cannot be there, please contact the Board office shown at the top of this letter. If you write, give a telephone number at which you can be reached.

VERY TRULY YOURS,
L. N. Rollins
L. N. ROLLINS
CONTACT REP.

Enclosure

F-3-b-105

RRB FORM RL-119 (11-76) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT OR REINSTATEMENT	When Writing To The Board Always Give: THE EMPLOYEE'S NAME and THIS CLAIM NO. A 355-01-1484	DATE JUN 21 1978

F-3-b-106a

The monthly annuity payments in this case have been reinstated for the reason(s) given below.

We are sorry for any inconvenience we may have caused you.

Benefits will now be paid as follows:

NAME	MONTHLY RATE	EFFECTIVE DATE
Annie McGowan	$124.25	12-1-77

Your check includes the amount due you through 5-31-78.

Succeeding checks will be mailed during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please bring this notice and any other material you have about your claim with you.

H. P. Gibbons
Director of Retirement Claims

Enclosures
Check
703
974

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

IMPORTANT

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of your annuity.

IF YOUR CHECKS ARE MAILED DIRECTLY TO YOU --

- ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check for any month for which you should not be paid, return the check to the:

  Treasury Department
  P.O. Box 8670
  Chicago, Illinois 60680

- IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

IF YOUR CHECKS ARE SENT TO YOUR CHECKING OR SAVING ACCOUNT--

- YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD if you change your home or mailing address, so that you will be sure to receive Board mail (including important notices about payment of your annuity).

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE YOUR CLAIM NUMBER AND THE EMPLOYEE'S NAME WHEN WRITING TO US.

06 21 78821

AB-2 (11-76)

Your regular railroad retirement annuity will be increased to $126.75 beginning with your next month's payment. This increase is based on the rise in the cost-of-living.

F-3-b-106 b

703 (6-78)

Your premium payments due for medical insurance have been deducted from the enclosed annuity check. This deduction covers premiums due for months after your annuity was suspended. The monthly rate shown in this letter is the rate before the premium deduction.

Succeeding monthly premiums will be deducted from your annuity check each month.

974
(12-73)

F-3-b-106 c

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mary Murphy
c/o Mission Village
Box 893
Georgetown Guyana
SOUTH AMERICA 894

Date
July 14, 1978

Your Claim Number
[redacted]

b6
b7c

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

F-3-b-107

Enclosures:
Form SSA-609
Form SSA-1425E
Forms SSA-21 F4, SSA-5000, Return Envelope

ADDITIONAL INFORMATION ABOUT YOUR CLAIM

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 60 days, benefit payments will be stopped until it is received.

F-3-b-108

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
No. 0 (7-63)

EARL McKNIGHT

ILWU-PMA Benefit Plans - 1188 Franklin Street
San Francisco, CA 94109 (415) 673-8500

MEDICARE PLAN REIMBURSEMENT RATE INCREASE

The monthly Medicare (Part B) premium rate commencing July 1, 1978 is $8.20 for each eligible Medicare enrollee. Reimbursement based on the new rate is included in this payment for all Medicare eligibles, and the amount is noted on each check stub as follows:

Medicare
$8.20

(1-person rate)

Medicare
$16.40

(2-person rate)

DISABLED PERSONS UNDER AGE 65

A disabled person under age 65 is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement date. A person under age 65 must notify the Benefit Plans office when he or she becomes eligible for Medicare. ILWU-PMA Welfare Plan health coverage is combined with Medicare when an eligible person is enrolled in Medicare. Therefore, if you have not reported your own or your dependent's entitlement to Medicare--do so now, as this will allow us to reimburse your Medicare premium.

ALL PENSIONERS/WIDOWS

The Benefit Plan office should be notified should any event listed below occur.

1. A change of marital status-
   - (a) Divorced or separated
   - (b) Married
   - (c) Widowed
2. A change of Medicare status-
   - (a) Loss of Part B coverage
   - (b) Medicare entitlement before age 65

For your information, ILWU locals keep a supply of record change forms for reporting such changes.

TJ/jc
7/1/78 - OPEU/29 F-3-h-109

Social Security
Notice of Benefit Termination

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 09/19/78
IRI-71736:PE

Joyce F McIntyre
PO Box 893
Georgetown
GUYANA 894

Claim Number:
428-01-8590 C1
For
For Children of
As Gdn. of
Cons. of

F-3-4-110

You are not entitled to receive benefit payments beginning 10/76 for the reason indicated below. Any check received for this month, or later months, should be returned to the Treasury Department, Bureau of Accounts, Division of Disbursement, as shown on the check envelope. Social security benefit checks are normally dated the third of the month following the month for which they are payable. If the check(s) has been cashed, please make repayment in the amount of the check(s).

Overpayment Information (See Reverse Side)

☐ Our records indicate you have been overpaid $. If your benefits have been sent to a financial institution, they must be returned. If the check(s) covering this amount has not been cashed, please return it to the Treasury Department as shown above. If the check(s) has been cashed, make the refund payable to the Social Security Administration, and send it to Social Security Administration, Division of International Operations, P.O. Box 1756, Baltimore, Maryland 21203 U.S.A. Always include your claim number as indicated above on the check or money order. Please disregard this request if you have already repaid the overpayment.

Termination Reasons

☐ Death of beneficiary
Note: All of the beneficiary's unused benefits (plus accrued interest) belong to his estate and should be remitted to the legal representative or, if there is no legal representative, disposed of in accordance with State law.
Caution: *This instruction does not apply to uncashed checks; they should be returned as indicated above. If the check is for a month prior to death, get in touch with any social security office as the check may be reissued.*

Auxiliary Benefits

☐ Divorce Marriage Remarriage

Child or Student Benefits

☒ No longer meets full-time student requirements
Note: If the student has not attained age 22, benefits may be payable if full-time school attendance is resumed in or before the month the student becomes 22.

☐ Attained age 18 or 22 and not receiving benefits because of a disability.
Note: Get in touch with any social security office if the child is disabled as further benefits may be payable.

Mother or Widow Benefits

☐ Child attained age 18 and not disabled*
☐ Death Marriage of Child*
☐ Failure to have a child entitled to benefits in your care*
** Note: If the child returns to your care or you attain age 62 (or age 60 if you are then a widow; or age 50 if then disabled and a widow), get in touch with any social security office as you may be entitled to further benefits.*

Miscellaneous

☐ Other

It has been determined that your student benefits should have terminated effective 10/76. Since you received $86.80 10/76 through 05/77 and $92.00 for 06/77, you are overpaid the above amount.

Important: See other side for an explanation of your appeal rights and other information.

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, Social Security Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post. If you visit an office, please take this letter with you.

Overpayment Information

If you have been overpaid, please read the following:

If you wish to repay the overpayment by installments or have a smaller amount withheld from your social security payment over a longer period of time, get in touch witn any social security office. Any overpayment must be withheld from benefits or paid back unless the following statements are true:

a. The overpayment was not your fault in any way and you checked the check(s) because you thought it was correctly paid to you, and

b. You could not meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address on the other side. We may ask you about your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Notice of termination of medical insurance benefits

Date: 07/25/78

Claim No: 124-14-0111 A

LILLIAN E MALLOY
BOX 893
GEORGETOWN GUYANA 894

Date Your Medical Insurance Ends
JUN 30, 1978

As you requested, your medical insurance protection has been stopped. The date your coverage ended is shown above. This notice concerns your medical insurance only. If you have hospital insurance, that coverage will continue.

Medical insurance premiums will no longer be deducted from your social security checks. If any excess premiums have been withheld from your benefits, they will be refunded in a separate check.

Please write to the address shown above if you want information about starting your medical insurance again.

F-3-b-111

SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL
EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION
600 LEXINGTON AVENUE, NEW YORK, N. Y. 10022

1-12 / 210 40

JUN 30 1978 №01009482

CHEMICALBANK
425 PARK AVENUE (53RD STREET)
NEW YORK, N. Y. 10022

R- 2747

$ 29.61* $ 29.61*

TO THE ORDER OF

MISS LILLIAN E MALLOY
P O BOX 15156
SAN FRANCISCO, CA
94115

Dorothy M. Andrews
EXECUTIVE DIRECTOR

⑈01009482⑈ ⑆0210⑈0012⑆ 610⑈402803⑈

F-3-b-112

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: June 28, 1978

Irene Mason
c/o Mission Village
P.O. Box 893
GEORGETOWN GUYANA

Claim Number:
421-24-4439 F2

E-3-b-113

Information about your social security benefits is shown below:

1	Your next check will be for	$ 238.60
2	It will cover benefits due you through	June 1978
3	And will be sent about	July 1978
4	After that, you will receive your regular check of	$ 207.80

We were notified by the State of California that they stopped paying your medical insurance premiums for you as of November 1977. Therefore, you were responsible for all premiums since that date. Action was taken to withdraw you from the medical insurance program effective March 1, 1978. The above mentioned check included a refund of $30.80 in premiums withheld from your monthly benefit payment since that date.

We are sorry for any inconvenience this may have caused you.

Please notify any social security office promptly of any event which might affect the payment of benefits. There is an explanation on the back of this notice of how work and earnings affect benefit payments. If you are enrolled in the medical insurance program, please see Item 2 on the back of this notice.

If you have questions about your claim, you may get in touch with any social security office or write to us at the above address.

Enclosures:
SSA-609
SSA-1425F

Important: See other side for an explanation of your appeal rights and other information. ▶

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. *If monthly social security benefits are being paid to you now—*

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—*

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. *Medicare outside the U.S.*

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in the U.S. than the nearest U.S. hospital which can provide the care needed. There is a monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and

b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

Social Security
Medicare Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A. IRI-71722:DA

Date May 29, 1978

Peraley Morris
% Mission Village
Box 893
Georgetown Buyana
SO AM 894

Your Claim Number: [redacted]

b6
b7C

F-3-b-114

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 09/30/78. We received your written request for cancellation on 05/22/78 , but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

F-3-b-115

TO: Levatus McKinnis
(Name)

437-20-9204
(Social Security Number)

Subject: REDETERMINATION OF PENSION BENEFITS

(Pursuant to Revision of Pension Agreement effective June 1, 1976)

Under the Pension Agreement between the Industrial Employers and Distributors Association and Warehouse Union Locals 6 and 17, ILWU as revised effective June 1, 1976 your pension credits have been recomputed as follows:

19 years 2 months service @ 9.50		$ 182.08
3 years 5 months service @ 4.75		$ 16.23
years months service @ $		$
	TOTAL CREDITED SERVICE	$ 198.31
Actuarial Equivalent Benefit for Optional Early Retirement		$
Actuarial Equivalent Benefit for Joint & Survivor Option ____%		$
Pre-Retirement Death Benefit		$
Less Benefits Paid for by Company contribution to Company Plan		$
	AMOUNT OF PENSION BENEFIT	$ 198.31

Commencing July 1, 1978 your regular monthly pension check will be issued in the foregoing amount, less deduction for dependent's hospital-medical coverage, if any, and plus Medicare reimbursement, if any.

Should it subsequently be discovered that the foregoing determination was in error for any reason, an appropriate adjustment in your pension benefits will be made.

INDUSTRIAL EMPLOYERS and
DISTRIBUTORS ASSOCIATION
as administrator of the
Warehousemen's Pension Trust

By [signature]

CC: Warehouse Union Locals 6 and 17
Wells Fargo Bank
Pension Files

Social Security Medicare Notice

F-3-b-116

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No. 367-26-9838A
Date SEP 05, 1978

IDA M NICHOLS
P O BOX 893
GEORGETOWN GUYANA 894

Your State Public Assistance Agency is no longer paying your Medicare MEDICAL INSURANCE *premiums. The first month for which you are responsible for your medical* insurance premium is

(Month and Year)

SEP 1978

If you are receiving social security payments, the premiums (including any you may owe for past months) will be deducted from future payments.

If you are not receiving social security payments, you will soon receive a bill for all premiums currently due. If you still owe premiums for any months before your State began paying them, the first month shown on your billing notice may be earlier than the date above. Do not pay anything until you receive this bill.

If you want to cancel your medical insurance coverage, notify your social security office immediately.

If you have any questions about this notice or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

THE AMOUNT OF YOUR NEXT SOCIAL SECURITY PAYMENT WILL BE $105.40
THIS PAYMENT WILL REFLECT DEDUCTIONS FOR MEDICARE PREMIUMS SINCE
SEP 1978 BEGINNING NOV 1978 YOUR REGULAR SOCIAL SECURITY
PAYMENT WILL BE IN THE AMOUNT OF $113.60.

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Ida M. Nichols
P.O. Box 893
GEORGETOWN GUYANA

Date
September 12, 1978

Your Claim Number
367-26-9838-A

F-3-b-117

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

F-3-b-118

[illegible] OUTSIDE THE UNITED STATES

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Our address is:
Social Security
P.O. Box 1756
Baltimore, Maryland 21203

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE: Ida M. Nichols

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID: [illegible] digit number (000-00-0000) followed by a letter or a letter and a number [illegible] B, C, D, E, F, or H. Your report cannot be processed without the [illegible] number.

367 | 26 | 45 | [illegible]

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and [illegible])

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. ☒ CHANGE OF ADDRESS *(Print new address after signature below)*
   Check if change is for: ☒ More than 6 mos. ☐ 6 mos. or less

2. ☐ EMPLOYMENT *(As employee or as self-employed person)* ..... — DATE OF EMPLOYMENT

3. ☐ MARRIAGE ..... — GIVE PLACE OF MARRIAGE — DATE OF MARRIAGE

4. ☐ DIVORCE OR ANNULMENT ..... — DATE DECREE FINAL

5. ☐ CHILD OR OTHER CLAIMANT LEFT YOUR CARE ..... — DATE CLAIMANT LEFT YOUR CARE

6. ☐ DEATH ..... — DATE OF DEATH

7. ☐ PERSON RECEIVING DISABILITY BENEFITS — MONTH - DAY - YEAR
   - ☐ Returned to work ..... — MONTH - DAY - YEAR
   - ☐ Condition improved .....

8. ☐ CHANGE OF CITIZENSHIP *(If checked give):*
   No longer citizen of _____ (Country) Now a citizen of _____ (Country)

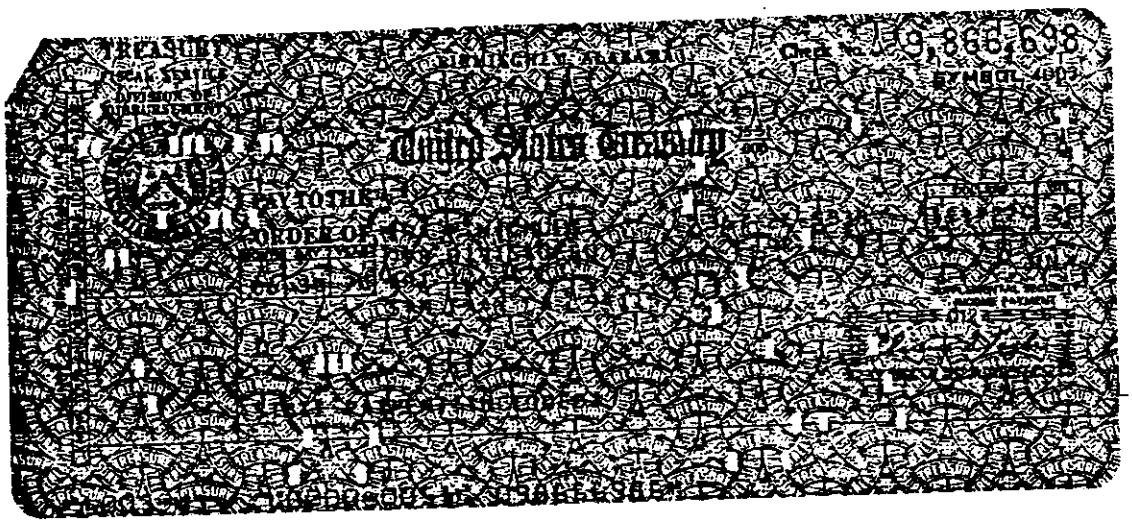
SIGNATURE OF PERSON MAKING THIS REPORT: Ida M. Nichols — DATE SIGNED: 10/10 [illegible]

MAILING ADDRESS (NUMBER AND STREET): P.O. Box 893

CITY OR TOWNSHIP: GEORGETOWN — POSTAL CODE: 894 — COUNTRY: GUYANA

Form SSA-1429F (3-77) Replaces SSA-1429FC and SSA-1429FC NA which are obsolete

(OVER)


TREASURY
BIRMINGHAM ALABAMA
United States Treasury
PAY TO THE
ORDER OF

F-3-b-119

VETERANS ADMINISTRATION

11000 WILSHIRE BLVD
44 LOS ANGELES CA 90024

DECEMBER 30, 1977

IN REPLY REFER TO: 21/24

FILE NUMBER:

[redacted]

00 C NEWEL

C NEWEL

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CLEVELAND NEWELL 1
9310 KALMIA ST
LOS ANGELES CA 90002

Memo to file

Your award has been amended to provide for payment as follows:

	MONTHLY RATE	EFFECTIVE DATE
	209.00	01 01 77
$	222.00	01 01 78
	217.00	07 25 82
	212.00	01 13 85

THIS IS BASED ON OUR DETERMINATION THAT YOUR NET COUNTABLE INCOME FOR 1978 WILL BE $ 0. WE CONSIDERED YOUR EXPECTED INCOME FOR 1978 OF $ 0 EARNINGS, $ 0 SOCIAL SECURITY, $ 0 ANNUITY, $ 0 OTHER SOURCES, YOUR SPOUSES $ 0 EARNINGS, $ 0 SOCIAL SECURITY, $ 0 ANNUITY, $ 0 OTHER SOURCES, AND ALL ALLOWABLE EXCLUSIONS AND DEDUCTIONS. THIS REFLECTS THE PROVISIONS OF THE RECENT LAW, EFFECTIVE 1-1-78, WHICH ALSO RAISED ALL ANNUAL INCOME LIMITS.

F-3-h-120

IMPORTANT—SEE REVERSE FOR PROCEDURAL AND APPEAL RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

VA FORM SEP 1975 20-8270-2

NOTICE OF PROCEDURAL AND APPEAL RIGHTS

We have based our decision on the evidence of record in your case and the applicable law. This explains your procedural and appeal rights in connection with this decision.

REPRESENTATION. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Administrator of Veterans Affairs, or you may employ an attorney to assist you with your claim. If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action on your part is required.

NEW EVIDENCE. You may submit additional evidence to strengthen your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING. If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. The VA cannot pay any other expenses of the hearing, since a personal hearing is not required.

APPEAL. You may appeal our decision to the Board of Veterans Appeals at any time within one year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits for which you are appealing. If you decide to appeal, we will advise you further as to your procedural rights as your claim progresses through the several stages of the appeal process.

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47390-1	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M		1

JANE OWENS
P.O. BOX 15156
SAN FRANCISCO, CA 94115

F-3-b-121

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	146 80	146 80	00	146 80

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						146 80	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47341-3	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

GERTRUDE NAILOR
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	01	17810	37930	48271	00	37930

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	17810	602				55740	602
F-3-b-122a							
						55740	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

[redacted]

F-3-b-122b NUMBER

April 25 1978

11-3
1210

PAY TO THE ORDER OF Cash $ 181 60/100

One Hundred Eighty-One and 60/100 DOLLARS

Bank of Montreal
(California)
299 CALIFORNIA STREET
SAN FRANCISCO, CALIFORNIA

GERTRUDE NAILOR

Gertrude Nailor

⑆1210⑈0003 1⑈ 00 47341 3⑈ ⑈0000068160⑈

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
299 CALIFORNIA STREET
SAN FRANCISCO, CALIFORNIA 94104

DATE 6/25 1978

CASH		
CHECKS	Soc. Sec.	178 10
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		178 10

[redacted]

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

GERTRUDE NAILOR
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

JUN 2 1978 F-3-b-122c

11-3 Business Services 11-3

⑆1210⑈0003 1⑈ 00 47341 3⑈ ⑈0000178 10⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

Bank of Montreal (California)

S.F. OFFICE 5-22-78 DATE

ADVICE OF MISPLACED CHECK

TO OUR DEPOSITOR: Gertrude Nailor ACCOUNT NUMBER 00-47341-3

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT

DATE 5-17-78 IN THE AMOUNT OF $ 181.60

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

F-3-b-122d

DATE OF THIS TRANSMITTAL

AUTHORIZED SIGNATURE

AC-60 10/70

TRANSMITTAL TO DEPOSITOR

Gertrude Moeller

Barclay

Prior appraisement

SAN FRANCISCO, CA.

MAY 15 '70

0300 65711

PAY ANY BANK, P.E.G.
BK. OF AMERICA TREAS.
(CALIFORNIA)
SAN FRANCISCO CA
11-3

JUN -2 '78

Bank of Montreal (California)

ADVICE OF MISPLACED CHECK

DATE

DRAWER

ACCOUNT NUMBER

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT

ON _____ IN THE AMOUNT OF $ _____

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

NOTE OR THIS TRANSMITTAL _____

AUTHORIZED SIGNATURE

TRANSMITTAL TO DEPOSITOR

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date 09/22/78

Edith A. Parks
c/o Mission Village
PO Box 893
Georgetown
GUYANA

b6
b7c

Your Claim Number
[redacted]

F-3-b-123

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

b6
b7c

IF OUTSIDE THE UNITED STATES

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Or

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

EDITH A. PARKS

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID [illegible] digit number (000-00-0000) followed by a letter or a letter and a number [illegible] B, C, D, E, F, or H. Your report cannot be processed without the [illegible] number

[redacted]

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 425).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

F-3-b-124

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. ☒ CHANGE OF ADDRESS *(Print new address after signature below)*
   Check if change is for: ☒ More than 6 mos. ☐ 6 mos. or less
2. ☐ EMPLOYMENT *(As employee or as self-employed person)* ..... DATE OF EMPLOYMENT
3. ☐ MARRIAGE ..... GIVE PLACE OF MARRIAGE ____ DATE OF MARRIAGE
4. ☐ DIVORCE OR ANNULMENT ..... DATE DECREE FINAL
5. ☐ CHILD OR OTHER CLAIMANT LEFT YOUR CARE ..... DATE CLAIMANT LEFT YOUR CARE
6. ☐ DEATH ..... DATE OF DEATH
7. ☐ PERSON RECEIVING DISABILITY BENEFITS
   - ☐ Returned to work ..... MONTH - DAY - YEAR
   - ☐ Condition improved ..... MONTH - DAY - YEAR
8. ☐ CHANGE OF CITIZENSHIP *(If checked give):*
   No longer citizen of ____ (Country) Now a citizen of ____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT: Edith A. Parks

DATE SIGNED: 10 [illegible]

MAILING ADDRESS (NUMBER AND STREET): P.O. Box 893

CITY OR TOWNSHIP: GEORGETOWN

POSTAL CODE: 874

COUNTRY: GUYANA - SOUTH AMERICA

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete. (OVER)

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-b-125

DETACH AND RETAIN THIS STUB

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX		TOTAL PAY	
POPLIN, OREEN	11/01/78	225.00	8.20			233.20	

F-3-b-126

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Oreen Poplin
c/o Mission Village
Box 893
Georgetown Guyana
SOUTH AMERICA

Date
August 14, 1978
Your Claim Number
[redacted]

b6
b7c

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F
SSA-21 & Envelope, SSA-5000

ELI LILLY AND COMPANY— RETIREMENT PLAN

SENT TO:

EVA H PUGH

EVA H PUGH
P O BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA CA

DATE 11/01/78
CHECK NUMBER 11101790
SOCIAL SECURITY NO. 304-01-7850

F-3-h-127

THIS MONTH			YEAR-TO-DATE	
RETIREMENT AMOUNT	50.29		553.19	
TOTAL BENEFITS		50.29		553.19
TOTAL COST		0.00		0.00
TOTAL BEFORE TAXES		50.29		553.19
TOTAL TAXES		0.00		0.00
NET AMOUNT		50.29		553.19

F-3-b-128

THE LILLY RETIREMENT PLAN

The Employee Retirement Income Security Act of 1974 (ERISA) requires annual communication to participants regarding the **Lilly Retirement Plan.** This plan is *administered* by the **Employee Benefits Committee of Eli Lilly and Company, 307 E. McCarty St., Indpls., IN 46225, (317) 261-2000.** The following required financial reports are for the year of **1977.**

STATEMENTS OF ASSETS AND LIABILITIES

	December 31 1977	1976
ASSETS		
Cash and time deposits	$ 907,255	$ 2,988,425
Investments—Note D:		
United States Government securities	31,581,215	13,818,614
Corporate bonds and notes	14,653,850	13,684,833
Common stocks	100,904,777	116,195,242
Common stock of Eli Lilly and Company	1,883,750	2,857,500
Common trust funds	50,834,386	32,232,006
Group annuity contract—Note G	10,480,516	10,480,494
Real estate	2,376,413	2,386,927
Other	522,881	616,724
	212,947,797	192,272,340
Accounts receivable for security sales	108,967	—
Interest and dividends receivable	1,436,093	904,953
Contribution receivable	—	15,885,966
	215,396,112	212,051,684
Less interests of pension plans of affiliated companies—Note E	2,291,267	1,929,650
	$213,106,845	$210,122,034
LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Accounts payable for security purchases	$ 1,031,256	$ 296,260
Net assets available for plan benefits	212,075,589	209,825,774
	$213,106,845	$210,122,034

See notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31 1977	1976
Additions:		
Contributions	$ 17,967,830	$ 16,702,204
Interest and dividend income	10,910,993	7,400,403
Net gain on sale of securities	1,797,305	1,444,530
	30,375,928	25,547,137
Deductions:		
Retirement and disability benefits	12,192,271	10,724,339
Death benefits	110,000	107,450
	12,302 271	10,831,789
	18,073,657	14,715,348
Unrealized appreciation (depreciation) in aggregate current value of securities	(15,823,842)	19,909,214
NET ADDITIONS	2,249,815	34,624,562
Net assets available for plan benefits at beginning of year	209,825,774	175,201,212
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$212,075,589	$209,825,774

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS

NOTE A—SIGNIFICANT ACCOUNTING POLICIES

Investments: Marketable securities and bank sponsored common trust funds are stated at aggregate current value. Securities which are traded on a national securities exchange are valued at the last reported sales price on the last business day of the year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. For other securities which do not have an established market, the trustees have established a current value for such securities through an investment committee. Insurance contracts are stated at cost, which approximates current value.

Realized gains and losses on securities sold or redeemed are determined on the basis of average cost.

NOTE B—DESCRIPTION OF THE PLAN

The Lilly Retirement Plan is a noncontributory defined benefit plan which covers substantially all employees in the United States and provides for retirement, disability and survivor benefits. Contributions to the Plan by Eli Lilly and Company are actuarially determined and include normal cost, interest on unfunded prior service cost, and amortization of prior service cost over 40 years.

The Company has the right to terminate the Plan. In the event the Plan is terminated, the net assets are to be set aside for the payment of benefits to the participants. The Plan specifies that the order of such payments shall be first for participants receiving benefits at the date of termination, second for participants eligible for early retirement or vested participants at the date of termination, and third for all remaining participants at the date of termination who would have qualified for benefits at normal retirement age. However, in the event of termination, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by the Employee Retirement Income Security Act of 1974.

NOTE C—BENEFITS

	December 31 1977	1976
Present value of vested benefits:		
For retired and terminated employees	$107,112,730	$ 97,290,062
For active employees	120,393,925	106,801,471
	$227,506,655	$204,091,533
Estimated actuarially determined unfunded prior service costs	$ 81,008,198	$ 81,500,613

The calculation of the present value of vested benefits under the Plan, and of the actuarially determined prior service costs (estimated accrued benefit cost arising from qualifying service before establishment of, or retroactive amendments to the Plan) were made by consulting actuaries as of January 1, 1978 and 1977. Based on these actuarial valuations, the current rate of employer contributions should be sufficient to meet current service costs and to fund the initial past service costs plus interest thereon over a period of 40 years.

The more significant assumptions underlying the actuarial computations for 1977 and 1976 were as follows:

Actuarial cost method	Frozen initial liability
Interest rate	7%
Mortality basis	1951 group annuity table—1963 projection and 1956 disabled railway employees table
Employee turnover	A turnover rate table wherein turnover for males ranges from 25% at age 15 to 0 at age 55 and for females ranges from 34% at age 15 to 0 at age 55
Compensation Adjustments	Approximately 6% annual rate to age 40 and 4% annual rate over age 40
Retirement	45% of all employees retire at age 62 and 55% at age 64 (normal retirement at age 65)

NOTE D—INVESTMENTS

The cost of investments at December 31, 1977 and 1976 was as follows:

	1977	1976
United States Government securities	$ 32,167,954	$ 12,965,124
Corporate bonds and notes	15,046,106	14,347,013
Common stocks	97,607,511	99,392,866
Common stock of Eli Lilly and Company	201,877	242,253
Common trust funds	53,742,342	34,938,105
Group annuity contract	10,480,516	10,480,494
Real estate	2,247,833	2,386,927
Other	684,271	729,359
	$212,180,410	$175,482,141

Eva Pugh

NOTES TO FINANCIAL STATEMENTS (Continued)

NOTE E—PENSION PLANS OF AFFILIATED COMPANIES

Employees of two companies affiliated with Eli Lilly and Company (Eli Lilly and Co., Inc. and Eli Lilly S. A., Puerto Rico Branch) are covered by pension plans separate from The Lilly Retirement Plan. However, contributions are made by all three companies to one trustee and the assets of the three plans are held in common. The trustee maintains an accounting of the aggregate current value of assets associated with each plan on a unit valuation basis.

NOTE F—INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws.

NOTE G—GROUP ANNUITY CONTRACT

The Plan has deposited funds in a group annuity insurance contract with the Travelers Insurance Company earning a guaranteed interest rate of 9%. This contract has a termination date of June, 1980.

Plan participants and beneficiaries may obtain copies of the following more detailed annual report information upon request:

1. The latest full annual report including a list of the assets held for investment; and
2. A list of any loans or obligations in default.
3. A List of reportable transactions.

To obtain a copy of the documents listed above, write to the administrator asking for what you want. All of the documents listed above can be examined at your local employee benefits office.

NOTICE: YOUR MONTHLY CIVIL SERVICE ANNUITY CHECK HAS BEEN ADJUSTED AS SHOWN BELOW.

SRI 49-312-B
MARCH 1977

	GROSS MONTHLY ANNUITY	MONTHLY HEALTH BENEFITS	MONTHLY MEDICARE	OTHER DEDUCTIONS OR ADDITIONS * CODE	AMOUNT	CODE	AMOUNT	NET MONTHLY CHECK	
OLD STATUS ▶	455.00	16.22						438.78	YOUR OLD CHECK BEFORE ADJUSTMENT
NEW STATUS ▶	477.00	16.22						460.78	NEW CHECK BEGINNING 10-1-78

YOUR CIVIL SERVICE RETIREMENT CLAIM NO. CSA2107165

BESSIE M PROBY
1435 ALVERADO TERR
LOS ANGELES CA 90006

REASON FOR ADJUSTMENT
4.9 COST-OF-LIVING

Authorizing Agency

U.S. CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE
AND OCCUPATIONAL HEALTH
WASHINGTON, D. C. 20415

F-3-b-129a

*SEE REVERSE FOR EXPLANATION OF CODES

PLEASE KEEP THIS NOTICE FOR YOUR PERSONAL RECORDS. IF YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT CONTACT THE U.S. CIVIL SERVICE COMMISSION AT THE ADDRESS SHOWN ABOVE. BE SURE TO INCLUDE YOUR CLAIM NUMBER AS SHOWN ABOVE.
(OVER)

The DIRECT DEPOSIT PROGRAM is for YOU

Over a year ago, a DIRECT DEPOSIT PROGRAM was implemented and it provides you the option of having your Civil Service annuity check deposited directly into a personal checking or savings account in a bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union. More than 300,000 annuitants plus 7 million recipients of other Federal recurring payments have already signed up for DIRECT DEPOSIT. Participation is easy and without cost to you.

HERE ARE SOME ADVANTAGES TO YOU:

- While you are away from home, your money will be deposited directly into your account and will be available for your use.
- Your check can't be stolen from your mailbox.
- You will not have to stand in long lines or experience any other problems in cashing your check.

FOR ADDITIONAL INFORMATION SEE THE REVERSE SIDE OF THIS CARD

F-3-b-129b

SRI 49-401
JUNE 1978

INFORMATION ABOUT YOUR COST OF LIVING INCREASE

Your gross monthly annuity has been changed as shown on the front of this notice by a cost-of-living increase. The difference in the amount of your annuity is not necessarily exactly equal to the percentage increase indicated under the "REASON FOR ADJUSTMENT" because the law requires that we round to the nearest dollar. Any deductions or additions shown are not affected in any way by the increase.

Any survivor rates shown on the other side of this notice include the cost-of-living increase.

The cost-of-living increase does not apply to additional annuity purchased by voluntary contributions. This exclusion applies only to a relatively small number of annuitants.

RECC/MP-25415 9

CODES FOR OTHER DEDUCTIONS AND ADDITIONS

CODE DEDUCTION FOR:

10 Government Claim
11 Special Payment
12 Annuity Overpayment
15 State National Guard
22 } Retroactive Health
23 } Benefits Premium
24 Retroactive Medicare Premium
31 Federal Income Tax
35 Court Ordered Garnishment

CODE ADDITION FOR:

50 Government Claim
51 Special Payment
52 Accrued Annuity Due

72 } Retroactive Health
73 } Benefits Premium
74 Retroactive Medicare Premium

If you want to participate and alleviate any concerns about receiving your check, this is all you must do:

Contact the financial organization where you now have, or where you want to have, an account and complete a DIRECT DEPOSIT Form SF 1199A. (To be sure that the proper information is available to complete the form, it is best to take your annuity check with you when you go to sign up for DIRECT DEPOSIT.) Since the services provided by all financial organizations are not the same, ask your financial organization to explain to you what their policy is regarding notification from them concerning receipt of your payment.

Keep Civil Service informed of any change in your home or mailing address. This is because in the DIRECT DEPOSIT PROGRAM, only your check will be sent to the financial organization. All other mail from Civil Service will be sent directly to your home or mailing address.

If you need additional information about DIRECT DEPOSIT, contact your financial organization or the Civil Service Commission at the address below:

U.S. Civil Service Commission
Bureau of Retirement, Insurance, and
Occupational Health
Washington, D.C. 20415

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Chec No. 48,451,079
SYMBOL 2077

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

United States Treasury 51/000

PAY TO THE ORDER OF BESSIE M PROBY
1435 ALVARADO TERR
APT 101
LOS ANGELES CA 90006

MONTH	DAY	YEAR
05	03	78

337-12-1121
79 A

DOLLARS	CTS.
$****92	80

SOC SEC FOR APR

015

⑈20779⑈ ⑆0000⑈0051⑆ 484510796⑈

F-3-b-130

F-3-b-131a

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47336-7	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

LUVENIA JACKSON
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	01	122 00	24 400	31 483	00	24 400

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	122 00	6 02				366 00	6 02
						366 00	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 19 78

LUVENIA JACKSON
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Soc. Sec.	122 00
TOTAL		
LESS CASH RECEIVED		
TOTAL ITEMS NET DEPOSIT	122 00	

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

11-3 SERIES 11-3

F-3-L-131 L

⑆1210⑈0003⑈ 00 47336 ⑈⑈ ⑈0000012200⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

0300 65699

PAY ANY [illegible] P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

JUN -2 78

F-3-b-132

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47335-9	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M		1

DAVE JACKSON
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	561 20	561 20	00	561 20

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						561 20	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

F-3-6-133

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Margaret James
PO Box 893
Georgetown Guyana
SOUTH AMERICA

Date
June 14, 1978

Your Claim Number
124-16-6941 HA

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 90 days, benefit payments will be stopped until it is received.

Enclosures: SSA 21, Envelope
Form SSA-609
Form SSA-1425F

F-3-b-134

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
FOX PLAZA BUILDING
1390 MARKET STREET, #1018
San Francisco, California 94102 • Telephone (415) 552-9060

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY

September 29, 1978

Ms. Gladys Jackson
P.O. Box 893
Georgetown Guyana
SOUTH AMERICA

Dear Pensioner:

This letter will serve as notification that your retirement benefits have been suspended, as we have not received verification of your existence, as requested in our letters of April 17, 1978 and August 15, 1978.

If you are unable to obtain the written verification from the United States Embassy, verification by responsible individuals other than embassy or consular employees would be acceptable. Therefore, we are enclosing the form "Verification of Identity" that is to be completed in it's entirety and returned to this office immediately.

Upon receipt of the properly completed and verified form, all suspended payments will be issued to you immediately.

Your cooperation and promptness in resolving this matter would be appreciated.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
opeiu #3
afl/cio/130

Enclosure

LA County Administration
Building,
500 N. Templest.
Los Angeles, Calif

PO Box 893
Georgetown Guyana

Re: Gladys Jackson
274 Hermann St
San Fran, Caly

Dear Sirs,

Please change the address that you have in my records so that I can receive my mail at this new address. Please change immediately from the above San Francisco address to:

PO Box 893
Georgetown, Guyana
South America

Thank you

Sincerely

Gladys Jackson

L. A. County Administration Bldg.
500 W. Temple Street
Los Angeles, CA 90012

F-3-b-135

L.A. County Administration
Building,
500 N. Templest.
Los Angeles, Calif

PO Box 893
Georgetown Guyana

Re: Gladys Jackson
274 Hermann St
San Fran, Caly

Dear Sirs,

Please change the address that you have in my records so that I can receive my mail at this new address. Please change immediately from the above San Francisco address to:

PO Box 893
Georgetown, Guyana
South America

Thank you

Sincerely

Gladys Jackson

F-3-b-136

L. A. County Administration Bldg.
500 W. Temple Street
Los Angeles, CA 90012

P.O. Box 893
Georgetown, Guyana

Beacon Mountain and Co
Retirement Fund
Golden Gate Ave
San Francisco, Caly

Re: Gladys Jackson
274 Herman St
San Fran, Caly

Dear Sirs,

Please change the address that you have in my records so that I can receive my mail at this new address. Please change immediately from the above San Francisco address to:

P.O. Box 893
Georgetown, Guyana
South America

Thank you,

Sincerely,

Gladys Jackson

P. O. Box 6143
San Francisco, CA

F-3-b-137

Service Employees Pension Fund
240 Golden Gate Ave., Rm. 109
San Francisco, CA 94102

UNITED STATES
CIVIL SERVICE COMMISSION
WASHINGTON, D. C. 20415

POSTAGE AND FEES PAID
U.S. CIVIL SERVICE COMMISSION
FIRST CLASS

EARTIS JEFFREY
% MISSION VLG
PO BOX 893
GEORGETOWN GUYANA

CSA1307324

F-3-b-138a

BRI 49-402
March 1978

BRI 49-402
March 1978

U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415

WE HAVE YOUR CHANGE OF ADDRESS

Direct deposit—authorized receiving point. (If blank, annuity checks go to home address below.)

Home address:

Your claim number:

F-3-b-138b

If you changed your check mailing address, we will direct your next payment to that address unless the monthly disbursing schedule would delay delivery. In such case, the change will be made for the following check. If your home address has changed, please notify your old post office to forward your mail. Please Note: If you requested other service in your communication, you will receive a separate reply.

Use the back of this form to notify us of future home address change.

TO CHANGE YOUR HOME ADDRESS ON OUR RECORDS . . .

Complete the back of the enclosed acknowledgement and mail it to this special unit for address changes:

United States Civil Service Commission
BRIOH Retirement Address Unit
Post Office Box 686
Washington, D.C. 20044

OTHER CORRESPONDENCE TO THE CIVIL SERVICE COMMISSION . . .

For prompt service, please address other correspondence to: U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415.

Always include your civil service retirement claim number, including the prefix "CSA" or "CSF" so that we can identify your records.

F-3-b-138c

See Other Side

BRI 49-402
March 1978

CHANGE OF ADDRESS—Mail to:
U.S. Civil Service Commission
BRIOH Retirement Address Unit
Post Office Box 686
Washington, D.C. 20044

DO NOT USE THIS FORM TO HAVE YOUR ANNUITY PAYMENTS SENT TO A FINANCIAL ORGANIZATION OR TO CHANGE TO ANOTHER FINANCIAL ORGANIZATION. Instead, you must use Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

PRINT YOUR NAME *(First, Middle, Last)*	YOUR RETIREMENT CLAIM NUMBER *(including prefix "CSA" or "CSF")*	YOUR DATE OF BIRTH

NEW HOME ADDRESS *(Please print)*	NUMBER AND STREET	If you have authorized direct deposit to your account in a financial organization, no change will be made in that arrangement unless you indicate that you now want your check to be mailed to your home address. If you do, write your initials in the block below.
	CITY, STATE, AND ZIP CODE	*(Initials)* ☐ I now want my annuity check sent to my home address.
YOUR SIGNATURE *(Sign your name—do not print)*		

U.S. Civil Service Commission, BRIOH Retirement Address Unit, P. O. Box 686, Washington, D.C. 20044

ABOUT YOUR ADDRESS—Monthly annuity payments go to your home address **UNLESS** you have authorized direct deposit into your account in a financial organization. (See enclosed acknowledgement.)

Information about your annuity and related benefits **ALWAYS** is sent to your home address; use the back of our acknowledgement form to notify us promptly if it changes. (If you have authorized direct deposit, no change will be made in that arrangement unless you tell us to mail your payments to your home address.)

FOR YOUR PROTECTION—Change of address requests must be over the signature of the annuitant. Changes reported to us by telegram, telephone, or a third party cannot be honored. Be sure to notify your old post office of any home address change so they can forward your mail.

MORE ABOUT DIRECT DEPOSIT—If your annuity check still goes to your home address—and you travel, move, or have other check delivery problems—you may prefer direct deposit. If so, complete Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

To change direct deposit to another financial organization, complete a new Standard Form 1199A with the new organization. Your home address also appears on SF 1199A and, if changed, we update our records when this form is filed with us.

EXPLAIN TO YOUR FAMILY—By law, annuity payments are for the use of the annuitant. Death, incapacity, or any other event affecting annuity title must be reported to us immediately. This is especially important if you authorize direct deposit to a financial organization.

F-3-b-139

Social Security Medicare Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI:71735:DA

Date August 4, 1978

Helen Johnson
PO Box 893
Georgetown Guyana
SOUTH AMERICA 894

Your Claim Number:
437-38-6670 HA

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 09/30/78
We received your written request for cancellation on 05/22/78 , but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

I-3-b-140

April 13, 1977

City Employees' Retirement System
Room 505
111 E. First St.
Los Angeles, CA. 90012

Dear Sirs:

I am Earl Johnson, SSA# 440-12-6910. I am supposed to be receiving my retirement checks from the Dept. of Recreation and Parks. I understand you have these checks and are holding them until you have received word from me. I have moved to San Francisco, and my mailing address is P.O. Box 15156, San Francisco 94115.

Please send me my checks immediately, as I am badly in need of funds. Your very prompt attention to this matter will be appreciated.

Sincerely,

Earl Johnson

Earl Johnson

F-3-b-141

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47413-4	
DISPOSITION CODE: M	NUMBER OF ENCLOSURES:	PAGE NO: 1

LULA JORDAN
P.O. BOX 15156
SAN FRANCISCO, CA

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	00	00	00	00

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						00	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc Standby Credit
SD Misc. Standby Debit
* Sequence Break

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

10156323182 ⊞

Wells Fargo Bank
NATIONAL ASSOCIATION

BUSH-DIVISADERO OFFICE
1750 DIVISADERO ST SAN FRAN CA
94115

F-3-b-142

0015 Z PG 1 ITEMS 0

Prepared for: RUBY N JOHNSON
1415 SCOTT ST APT 304
SAN FRANCISCO CA 94115

If you have any questions, please call:
415 396-3783

Please report any errors or omissions within 14 days. Otherwise statement will be considered correct.

NOW! DOUBLE YOUR MONEY IN LESS THAN NINE YEARS WITH A SAVINGS PLAN THAT YIELDS 8.06% ANNUALLY. 1,000 DOLLARS OR MORE INVESTED IN OUR NEW 10-YEAR DEPOSIT CERTIFICATE WILL EARN ANNUAL INTEREST AT A RATE OF 7.75%. OTHER TIME DEPOSIT PLANS AVAILABLE. SUBSTANTIAL INTERST PENALTY FOR EARLY WITHDRAWAL.

Statement period: 7/ 7/78 THROUGH 8/ 3/78

Transactions	Transactions	Balance
CHECKING ACCOUNT 0015 632318		BEGINNING BALANCE 7/ 7 .40
TOTAL DEBITS .00	TOTAL CREDITS .00	ENDING BALANCE 8/ 3 .40

COLLECTION	NO. 1	NO. 2	NO. 3	JAN.	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	NO BAL
FOLLOWUP				OLDEST ITEM												

NAME JONES , LYNETTE

ACCT. NO.

ADDRESS

SHEET NO.

CITY

CREDIT LIMIT

DATE	DESCRIPTION	CHARGES	Y	CREDITS	BALANCE	PREVIOUS BALANCE
	BALANCE FORWARD					
1/15	Pharmaceutical Card Sys			30 65	30 65	—
1/31	Pharmaceutical Card Sys			23 85	54 50	30 65
"	"			35 96	90 46	54 50
3/31	DCS			76 10	166 56	90 46
8/1	Equitable Life Assurance			79 08	246 24	166 56
10-31	Pharmaceutical Card Sys.			105 80	352 04	246 24

FORM T-712-NC (7-70) ALDEN SYSTEMS SELMA, OHIO · DALLAS · LOS ANGELES LITHO IN U.S.A.

F-3-b-143

F-3-b-144

Social Security Award Certificate

Department of Health, Education, and Welfare
Social Security Administration
~~P.O. Box 1756, Baltimore, Maryland 21203~~

Date September 24, 1978

Name and Address of Payee as the Claimant
Or as Representative of the Claimant

Claim Number 433-56-1779 A

Type of Benefit	Date of Entitlement	Monthly Benefit
Retirement	08/78	$222.40

Fannie Jordan
Mission Village
Georgetown
GUYANA

Amount of First Payment: $222.40

Shortly after September 3, 1978, you will receive your first payment which will include all benefits due you through August 1978. After that, a payment for $214.20 will be sent each month.

Now that you are age 65 your disability benefits are being changed to retirement benefits beginning with the month shown on your new award certificate. You are subject to the 7-day work test. If you work on 7 or more days in a calendar month, you may not be eligible for social security benefits. We are enclosing a booklet which explains how your employment may affect your monthly benefits, as well as form SSA-1425F, which you should use to report such information to us.

Enclosures:
SSA-10137
SSA-1425F

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social security benefits shown.

James B. Cardwell
Commissioner of Social Security

SSA-30 (3-76) **Important: See other side for information about your rights and responsibilities ▶**

If you believe this determination is not correct, you may request that your claim be re-examined. If you want this reconsideration you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. *If additional evidence is available, you should submit it with your request.*

The right to receive social security benefits carries with it certain responsibilities. They are *explained in the booklet furnished you.* Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this Certificate with you.

KEEP AS A PERMANENT RECORD — DO NOT DESTROY

T-3-b-145

BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOIUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47353-7	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.
M		1

FANNIE JORDAN
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	00	00	00	00	00	00

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						00	

ENDING BALANCE

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

DP Deposit
DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
SP Standby Payoff
ST Misc Standby Credit
SD Misc Standby Debit
* Sequence Break

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SEE REVERSE SIDE FOR IMPORTANT INFORMATION

F-3-b-146

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date 8-14-78

Fannie Jordan
Mission Village
Georgetown
GUYANA

Your Claim Number
433-56-1779 HA

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You will receive a check shortly in the amount of $3069.50 which includes all benefits due you for 5/77 thru 7/78.

The amendments to the Social Security Act increased your monthly benefit amount to $208.80 effective 6/77 and $222.40 effective 6/78.

Enclosures:
Form SSA-609
Form SSA-1425F

F-3-b-147

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71736:PE

Date
09/15/78

Your Claim Number
437-07-0486 A

Robert Johnson
c/o Mission Village
PO Box 893 Georgetown
Guyana SOUTH AMERICA 894

We have stopped your social security checks because we have not received the Report to United States Social Security Administration we sent you. We have enclosed another one, and a self-addressed envelope. The form must be completed and returned before you can receive checks again.

If you have any questions about your claim, or need help in completing the form, please get in touch with the American Embassy.

Enclosures:
Form SSA-7162
Envelope

F-3-h-1489

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(415) 391-8060, EXT. 224

Bank of Montreal (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
05/19/78	06/19/78
ACCOUNT NUMBER	
00-47354-5	
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

ROBERT JOHNSON
P.O. BOX 15156
SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
00	00	01	29620	59240	76438	00	59240

TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	29620	602				88860	602
						88860	
						ENDING BALANCE	

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

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AFFILIATES IN CANADA, EUROPE CENTRAL AND SOUTH AMERICA, JAPAN AND HONG KONG

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DM Debit Memo
DR Debit Reversal
CM Credit Memo
CR Credit Reversal
OC Overdraft Charge
CH NSF Charge
OD Account Overdrawn
SC Service Charge
XC XMAS Club Debit
LP Loan Payment
PA Standby Payment
SR Standby Payment Reversal
AA Standby Advance
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ST Misc. Standby Credit
SD Misc. Standby Debit
* Sequence Break

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CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
555 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 19 76

CASH	
CHECKS	Sec. Sec. 296 20
TOTAL	
LESS CASH RECEIVED	
TOTAL ITEMS / NET DEPOSIT	296 20

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

ROBERT JOHNSON
P.O. BOX 15166
SAN FRANCISCO, CALIF. 94115

11-3 11-3
F-3-6-K8D

⑆1210⑈0003⑈ 00 47354 ⑈ ⑈00000296 20⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

0300 65710

PAY ANY [illegible], P.E.G.
BK. OF [illegible] TREAL
(CA[illegible]NIA)
SAN FRAN[illegible]SCO CA.
11-3 11-3

JUN -2 '78