

APPROVED FOR
RELEASE DATE:
10-Nov-2008

(b)(3)
(b)(2)

31 August 1970

[REDACTED]

Dear [REDACTED]

Please be advised that we have received from [REDACTED] of Becket and Wagner, Attorneys at Law, your completed claim forms for survivor annuity and life insurance benefits. We understand from [REDACTED] that the additional required documents will be forthcoming.

In reviewing the claim for survivor benefit, we note that [REDACTED] is not listed as a dependent child. As he is over 18 years of age, an annuity will be payable on his behalf only if he is a full-time student. In the event [REDACTED] will be enrolled for the coming school year as a full-time student, please advise and we will send you the necessary certification forms.

The family plan hospitalization coverage carried by Mr. Caranci may be retained to afford coverage to both [REDACTED] and [REDACTED] until they either marry or attain age 22 whichever is earlier. The cost of the plan, \$20.35 per month, would be deducted from monthly annuity payments. You may wish to either cancel the enrollment entirely or change to a single plan covering only [REDACTED]. The premium rate for single plan coverage is \$6.83 per month.

Should you decide to change to a single type plan or to completely cancel the health benefits enrollment, please advise us by letter to that effect as soon as possible. You are reminded that once the enrollment under the Health Benefits Program is cancelled, it cannot be reinstated.

(continued)

If you wish the present family plan enrollment to continue, do nothing. The premium will automatically be deducted from annuity payments.

If you have any questions concerning the above, please let us hear from you.

Sincerely yours,

[Redacted]

[Redacted]