

CONFIDENTIAL
(When Filled In)

1. LAST NAME (Last) Caranci (First) John (Middle) C. 2. THIS DATE 15 Mar 57

FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME

- WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA) DREAD DISEASES *
- GROUP HOSPITALIZATION INCORPORATED (GHI) INCOME REPLACEMENT *
- MUTUAL BENEFIT OF OMAHA - HOSPITALIZATION
- UNITED LIFE INSURANCE (UBLIC) *Emergency* * CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.
- AIR TRIP INSURANCE *Travel* *is Novel Matie*

4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)

APPROVED FOR RELEASE DATE:
12-Nov-2008

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.

SIGNATURE OF EMPLOYEE

John C. Caranci

TYPE OF POLICY	DESIRED	NOW HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
<i>Mutual Hosp</i>		<input checked="" type="checkbox"/>	<i>(7.40)</i>	<i>Arranged to be paid</i>	

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS

SIGNATURE OF EMPLOYEE

7. EMPLOYEE INTERVIEWED BY: CPB (Signature) *[Signature]* BCD (Signature) *[Signature]*

8. PAYROLL DEDUCTIONS AUTHORIZED

INSURANCE PROGRAM	INITIAL DEDUCTION TO BEGIN PAY PERIOD ENDING	AMOUNT OF DEDUCTION	AMOUNT OF DEDUCTION EACH SUBSEQUENT PAY PERIOD
WAEPA LIFE			
UNITED LIFE			
GHI HOSPITALIZATION			
MUTUAL HOSPITALIZATION	<i>15 June</i>	<i>14.80</i>	<i>7.40</i>

9. REMARKS *PCS - Have FEGLI
FE*

DISTRIBUTION

INSURANCE QUESTIONNAIRE

ORIGINAL - FINANCE DIVISION, IF DEDUCTIONS ARE AUTHORIZED
DUPLICATE - RETAIN IN CPB; DESTROY AFTER PROCESSING
TRIPLICATE - RETAIN IN CPB DURING PROCESSING, THEN TRANSMIT TO OFFICIAL PERSONNEL FOLDER