X 6587
Mag Bldg 3/20/68

REMITTANCE STATEMENT

In payment of the following under policy number 139 :

Claim (x) Other ( ) (explain): _____
Premium Refund ( ) _____

KIND OF POLICY:

Mutual Hospitalization ( ) Specified Diseases ( ) Remarks: _____
United Benefit Life Ins. ( ) Income Replacement ( ) _____
WAEPA Life Insurance ( ) Emergency Travel Plan ( ) _____
Travel-Matic Insurance ( ) Contract Hosp (x) _____
(OTHER)

Hospitalized _____ (DATE) thru _____ (DATE)

Hospital Room _____ days @ $ _____ (actual $ _____) $ _____)

Hospital Extras (actual $ _____) $ _____)

Doctor's Fee (actual $ _____) $ _____)

TOTAL $ _____

THIS COPY SHOULD BE RETAINED FOR INCOME TAX PURPOSES

GIORDANO, Mario K. (P)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006