

APPROVED FOR RELEASE DATE:
12-Nov-2008

~~CONFIDENTIAL~~

(When Filled In)

_____ 1958

TO : Compensation and Tax Accounts Branch, Finance Division
Roll #

FROM : Insurance Branch, Benefits and Casualty Division

SUBJECT: Caranci, John C.
(Name) (Account No.)

Effective with Pay Period ending _____ 1958,
please deduct the sum of \$ 11.65 from the salary of subject
employee for payment of hospitalization insurance premium, code one,
and * \$ 8.25 each Pay Period thereafter.

✓

* Increase in monthly premium payment from the old rate of \$2.70
for Single Plan and \$7.40 for Family Plan

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