

BENEFIT PLANS FILE

1. CLAIMS
2. HEALTH PLAN DOCUMENTS
3. LIFE INSURANCE DOCUMENTS
4. SAVINGS PLAN DOCUMENTS
5. BONDS

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059257

Permanent ☐
1 2 3 4 5 ____
+ Current Year
I+1
Destroy ____

LAST

EMPLOYEE

COMPANY

TAL

SPONSOR

PE COVERED

FOR

EMPLOYEE

EMPLOYEE

EMPLOYEE

SPONSORED

THE

FROM MY WAGES
FOR MAJOR
TO COMMENCE
DATE

J. K. [illegible]

5/9/82

DATE

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059258

87-61
ANT

LOYE
PANT
AL
SP
E
CK
EMP
EMPLOYE
EMPLOYE
SPONSOR

1 PRE

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059259



Blue Cross
Blue Shield

of Texas

901 SOUTH CENTRAL EXPRESSWAY RICHARDSON, TX 75080

INSURANCE COMPANY A BLUE CROSS PLAN
INSURANCE COMPANY A BLUE SHIELD PLAN

— NOTICE OF ATTAINMENT OF AGE 65 —

UNION CARBIDE CORP-SOLVENTS &
INTERMEDIATES DIV-TEXAS CITY
TEXAS CITY TEXAS 77591
ATTN DOROTHY HEYEN

The member and/or spouse will attain age 65 as
above. Will you please contact the member and
which of the following options will be selected.

transfer to direct pay and be dropped from
and coverage.

transfer to STCS Major Medical with con-
tinued group billing. Please submit an STCS

Ante

IMPORTANT

RETURN BLUE COPY OF THIS NOTICE
WITH THE APPROPRIATE BLOCK CHECKED
AS REQUESTED BELOW ORIGINAL TO BE
RETAINED FOR YOUR FILES

WILL BECOME AGE 65 JUN 1983 DATE PREPARED 02/28/1983
GROUP NO. 19432 NO. 0002 ROLL 0002536 057
EMPLOYEE KINGSBURY T CERT. 001558101
TYPE OF CHANGE DEPENDENT - AGE 65 CODE

application card with the blue copy of this notice.

3. ☐ Remain on group with regular benefits. *See
Reverse

If option 1 is selected, Blue Cross and Blue Shield of
Texas, upon receipt of such notification, will send infor-
mation explaining optional direct pay coverages.

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059260



SAVINGS PLAN
GENERAL SAVINGS FUND DISTRIBUTION

515 02536 1202

T P KINGSBURY
2905 HOUSTON DR
LA MARQUE
77568

TJ

Go to P. Kingsbury in process 7-5-83

PERSONAL

UC 134-43C

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059261

UCC SAVINGS PLAN FOR EMPLOYEES

UC 134-48

☐ CHANGE IN NAME ☒ CHANGE IN BENEFICIARY ARRANGEMENT

SOCIAL SECURITY NO.	PAYPOINT	EMPLOYEE NO.	INITIALS AND LAST NAME (IF NAME CHANGE, ENTER NEW NAME)
234-24-9903	515	02536	T P KINGSBURY

I HEREBY REQUEST THE FOLLOWING CHANGE(S) SUPERSEDING ALL PREVIOUS DESIGNATIONS BE MADE AS FOLLOWS:

☐	CHANGE NAME FROM	OLD NAME
--------------------------	------------------	----------

☒ CHANGE MY BENEFICIARY DESIGNATIONS TO THE FOLLOWING:

1. PRIMARY BENEFICIARY(IES)

NAME	RELATIONSHIP	AGE (IF UNDER 21)
Thelma O. Kingsbury	Wife	
NAME	RELATIONSHIP	AGE (IF UNDER 21)
NAME	RELATIONSHIP	AGE (IF UNDER 21)

IN EQUAL SHARES, OR TO THE SURVIVORS IN EQUAL SHARES, OR TO THE SURVIVOR.
IF SUCH BENEFICIARY(IES) IS NOT LIVING WHEN DISTRIBUTION OF MY ACCOUNT IS MADE UPON MY DEATH, I DESIGNATE AS

2. CONTINGENT BENEFICIARY(IES)

NAME	RELATIONSHIP	AGE (IF UNDER 21)
Mary Suzanne Rodie	Daughter	
NAME	RELATIONSHIP	AGE (IF UNDER 21)
Gary Kingsbury	Son	
NAME	RELATIONSHIP	AGE (IF UNDER 21)
JoLynn Kingsbury	Daughter	

IN EQUAL SHARES, OR TO THE SURVIVORS IN EQUAL SHARES OR TO THE SURVIVOR.
IN THE EVENT THE PRIMARY AND CONTINGENT BENEFICIARIES, IF ANY, DO NOT SURVIVE ME, THE PROCEEDS OF MY ACCOUNT SHALL BE PAYABLE TO MY LEGAL REPRESENTATIVE AT MY DEATH.

EMPLOYEE'S SIGNATURE	DATE
<i>Thelma O. Kingsbury</i>	7/13/83

2. DUPLICATE TO PAYPOINT IF WANTED

**PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"**

UCC
059262

SIDE I

HIRE - EMPLOYMENT - PERMANENT

1. KARDEX
2. APPLICATION OR QUALIFICATION RECORD
3. RESUME AND COVER LETTER
4. BIRTH CERTIFICATE OR PROOF OF AGE
5. IMMIGRATION PAPERS
6. MILITARY PAPERS
7. SENIORITY TIE-BREAKER PAPERS
8. VESTED DOCUMENTS

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059263

SIDE II

TERMINATION - - PERMANENT

CHRONOLOGICAL ORDER

1. OFF TICKET
2. TERMINATION REQUEST
3. LEAVE OF ABSENCE
4. EXIT INTERVIEW
- 5. PROPERTY CLEARANCE
6. TEC STRIKE CLAIMS
7. INVESTIGATION OF NEAR LOSS TIME ACCIDENT
- 8. INCIDENT REPORTS - ACCIDENT, PROPERTY DAMAGE, INVESTIGATION

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059264

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UNION CARBIDE CORPORATION
Texas City, Texas

CT1966
Rev 2/1/77
RECEIVED
BENEFIT PLANS & RECORDS
AUG 22 1983

TERMINATION REQUEST

Name of Employee T. P. KINGSBURY TC Payroll No 02536
CSD 2-18-53 Birth Date 1-13-23 NY Payroll No _____
Department MTLS. MGMT. Classification Stores Clerk
Last Day Worked 2-9-83 Time 3:00-11:00 AM / P.M.
(Indicate if employee was on scheduled vacation on LDW in case of Retirement or Death)

Vacation Eligibility - Current Year: 6 Weeks 0 Days *Hours due*
Vacation Carry-over from Prior Years: 0 Weeks 0 Days *240 hrs*
Vacation Taken this Year: 0 Weeks 0 Days *gp*
Vacation Due at Termination: 6 Weeks 0 Days

Voluntary Quit* _____ Laid Off* _____ Disability* T&P Other* _____
Discharged* _____ Retired* _____ Released by Co.* _____ CODE: TD110
*Explain Reason: Total and Permanent Disability

Date Terminated 8/19/83
Signed [Signature] Date 8/16/83
(Supervisor)

Present Address 2905 Houston Drive North Phone 409/938-1560
La Marque, TX 77568

Forwarding Address 2905 Houston Drive North
La Marque, TX 77568
Take H/S Deduct from Aug P/R for Sept. Coverage
gp
8/22/83

THIS SECTION TO BE COMPLETED BY BENEFITS & RECORDS DIVISION

STATUS OF:

Savings Plan: ☐ GF Only-W/D & Cancel (UC134-6D)
☐ PIA & GF
☒ PIA Only (UC134-62)
☐ Not Participating
Group Ins/Basic: ☒ Cont ☐ Cancel ☐ Reduce
☐ N/P
" " /Supp : ☐ Cont ☐ Cancel ☐ N/P

Cancel Dental 9-1-83
Health Insurance: ☒ Cont ☐ Cancel ☐ N/P
Type Coverage: 2- Person
N/C Pension Plan:
☒ Mature-Full Benefit ☐ Early ☐ Normal
☐ Mature-Reduced Benefit
☐ Vested
☐ Not Eligible
Contributory Retirement Plan:
☐ Mature ☒ N/P ☐ Refund ☐ Vest
trans from 2 Oct 4 10-1-83
UCC
059265

Pass Returned yes no
CI-11 to P/R 9/22/83 PST to Sal/Ad _____
Pull Card for final check made _____
UC134-6D to P/R _____ UC134-62 to P/R _____

Final Check* # _____
*includes _____ vacation hours
Mailed _____

EMPLOYEE		EMPLOYEE NAME		TERMINATION DATE		FEDERAL ID		SSN		PAYROLL REMOVAL AUTHORIZATION	
PAYROLL CALCULATION FINAL WAGES HAVE TERMINATION OCCURS - DATE AND REASON CARDS PUNCHED HAVE FILED DOCUMENT - TRANSFER ALL LAYOFF ALLOWANCE INQUIRY TO LHM ATTENDANCE DOCUMENTS						EMPLOYEE NO. 1 2 5 3 6 PLANT EMPLOYEE NUMBER EMPLOYEE NAME T P Kingsbury INITIAL LAST NAME LOCAL ID					
DATE WORKED TIME 02/09/83						DATE LAST HIRED MONTH DAY YEAR 02 18 53					
WAGE PAYMENT HOURS AMOUNT 240 2 53 10						CONTINUOUS SERVICE DATE MONTH DAY YEAR 02 18 53					
PREVIOUS LAY-OFF ALLOW P.D. TO AUTHORIZATION TO PAY: LAYOFF ALLOWANCE DATE 8 20 83 LAYOFF OR REMOVAL EFFECTIVE DATE 8 20 83 REASON FOR REMOVAL DATE 8 20 83 NUMERIC REMOVAL CODE DATE 8 20 83											
EXPLANATION FOR REMOVAL: TD110						REASON FOR REMOVAL DATE 8 20 83 NUMERIC REMOVAL CODE DATE 8 20 83 SIGNED DATE 8/22/83 APPROVED DATE 8/22/83 CARD Y/CO 53 LOCAL 33-241					

**PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"**