UNION CARBIDE

INTERNAL CORRESPONDENCE

P. O. BOX 471, TEXAS CITY, TEXAS 77590

TO: Ms. Maureen Kelly
CBPD - B3
Danbury Office

DATE: December 6, 1983

CC: File

RE: T. P. Kingsbury
SS#234-24-9903

The spouse of the subject retiree notified me that deducts for health coverage code S1 are still being taken from his pension check. The correct health coverage code is 01 effective 10-1-83 (see attached).

Please handle this matter and reimburse Mr. Kingsbury for money due.

Thanks,

Nancy

Nancy T. Halstead
Benefits & Records Chief

NTH:ar
Attachment

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UNION CARBIDE

INTERNAL CORRESPONDENCE

P. O. BOX 471, TEXAS CITY, TEXAS 77590

TO: Ms. Maureen Kelly
CBPD B3
Danbury Office

DATE: November 11, 1983

CC: [redacted] File
RAVES File

RE: T. P. Kingsbury
SS# 234-24-9903

Please change health coverage code from S1 to O1 effective 10-1-83, for the subject retiree. Mr. Kingsbury has notified me to drop his sponsored dependent. This change supercedes all previous changes submitted for this retiree.

Thanks,

Nancy

N. T. Halstead
Benefits & Records Chief
Employee Relations Department

NTH:ar

UNION CARBIDE

UNION CARBIDE CORPORATION
SOLVENTS AND INTERMEDIATES
P.O. BOX 471, TEXAS CITY, TEXAS 77590

DATE: 7/14/83

TO: ☑ Mr. R. Sovinee
CRPD, B-3 - DANBURY OFFICE

☐ Mr. J. Ferrara
CRPD, B-3 - DANBURY OFFICE

RE: J. P. Kingsbury
Paypoint 515 PR# 02536
SSN# 234-24-9903

Enclosed you will find the following information relative to the above-named employee.

☑ Life Insurance beneficiary change for (Active) Retired) employee.

☐ Savings Plan beneficiary change for (Active, Retired) employee.

☐ Delayed application for the complete Group Insurance Plan.

☐ Delayed application for only the Basic Life Insurance.

☐ Delayed application for only the Supplemental Life Insurance as the employee is already enrolled in the Basic Plan.

☐ Request for refund of Contributory Retirement Plan.

☐ Affidavit of lost Retirement Plan Certificate.

☐ Request to vest Retirement Plan contributions.

☐ _____

_____

Management Representative Darcy Halsted

Plant Extension 5531

Copies routed to:

☐ Employee (Gold Copy)

☐ Employee File (Pink Copy)

☐ Tickle File Copy (Yellow Copy)

7/23/79
/jp
R-3/1/82
/jp
R-9/13/82
R-6/7/83
/jp

COMPLETE THIS FORM BY TYPEWRITER OR BALL POINT PEN
RETURN FORM TO YOUR LOCAL MANAGEMENT REPRESENTATIVE
WHO WILL FORWARD ENTIRE SET TO EPAD FOR PROCESSING

GROUP INSURANCE METROPOLITAN LIFE INSURANCE COMPANY

BENEFICIARY DESIGNATION

(Before Completing Form See Reverse Side)

Group Policy Numbers 12200-G, 12201-G, 16161-G, 22970-G, 23188-G

Paypoint 515 Date of Birth 1/13/23 Soc. Sec. Number 234-24-9903

MAIL TO	NAME: Thomas P. Kingsbury ADDRESS: 2905 Houston Drive La Marque, Texas 77568	PLEASE PRINT

I revoke any prior designations and designate with respect to the above policies under which I currently am or may become insured, the following:

50% Name Thelma O. Kingsbury (Relationship) Wife Age 65
Address 2905 Houston Drive, La Marque, Texas 77568

1/3 of 50% Name Mary Suzanne Rodie (Relationship) Daughter Age
Address

1/3 of 50% Name Gary Kingsbury (Relationship) Son Age
Address

1/3 of 50% Name JoLynn Kingsbury (Relationship) Daughter Age
Address

In equal shares, or all to the survivors in equal shares, or all to the last survivor.

I reserve the right, at any time, to change this designation.

Date 7/12/23 (Signature of Insured)

G. 20 U.C.C.—12200 (2-71) PRINTED IN U.S.A. EPAD COPY

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 059355

Death Claim File
cc: Plant Manager
D. C. Heyen
L. M. Barr
T. B. Shannon

S.I. benefit
361.82

GENERAL INFORMATION SHEET ON DEATH OF EMPLOYEE OR RETIREE

Active Employee [ ]

Retiree [X] Regular [ ] T&P [X]

Name Thomas P. Kingsbury P/R# 02536 S.S. # 234-24-9903

Address 2905 Houston Drive North Occupation Stores Clerk

La Marque, Texas 77568 Birth Date 1-13-23 Date of Death 12-30-83

Last Day Worked 2-7-83 Term Date 9-1-83

C.S.D. 2-18-53 C.S.C. 30 Years

Benefit Plans:

Metropolitan Life $ 58,000 Beneficiary 50% - Thelma Kingsbury

Supplemental ~~XXXX~~ $ 29,000 Beneficiary 50% - Thelma Kingsbury

~~XXXXXXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXX~~ 1/3 Each Gary Kingsbury (son)
Mary Suzanne Rodie (daug)
JoLynn Kingsbury (daug)

Pension Plan $ SSO Elected [Yes] NAME Thelma Kingsbury (wife)

Savings Plan $ Beneficiary

Vacation Beneficiary

Credit Union:

[ ] No Account

[ ] Prime Account with a Joint-Member Name

[ ] Prime Account in a Single Name

Other:

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Survivor(s): Thelma Kingsbury (wife)
JoLynn Kingsbury (daug)
Mary Suzanne Rodie (daug)
Jeanine Light (step-daug)
Gary Kingsbury (son)
3 Sisters
4 Grandchildren

Address:

Funeral Arrangements: Services were held at 2 PM on 1-2-84 at James Crowder Funeral Home Chapel. Burial followed at Grace Memorial Park in Hitchcock, Texas.

Flowers Sent: Floral Spray
Florist: Colonial Flower Shoppe
Amount: $30.00

UCC 059356

Letter to Spouse/Survivor Mailed 1-3-84 Prepared by Ann Lambin

STATE OF TEXAS

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

COUNTY OF Galveston

CITY OR PRECINCT NO Galveston — 1310 Ave. C (GIVE STREET AND NUMBER OR NAME OF INSTITUTION)

2. FULL NAME OF CHILD: BABY THOMPSON

RESIDENCE OF THE MOTHER — STREET AND NO 1310 Ave. C — CITY Galveston — COUNTY Galveston — STATE Tx

3 SEX	FOR PLURAL BIRTHS ONLY: 4 TWIN, TRIPLET, OTHER	5 NUMBER IN ORDER OF BIRTH	6 LEGITIMATE?	7 DATE OF BIRTH
Female				June 18, 1918

FATHER	MOTHER
8 FULL NAME: E. A. Thompson	14 FULL MAIDEN NAME: Adele Ahrens
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
9 POSTOFFICE ADDRESS: 1310 Ave. C	15 POSTOFFICE ADDRESS: 1310 Ave. C
10 COLOR OR RACE: White — 11 AGE AT LAST BIRTHDAY: — (YEARS)	16 COLOR OR RACE: White — 17 AGE AT LAST BIRTHDAY: — (YEARS)
12 BIRTHPLACE (STATE OR COUNTRY): —	18 BIRTHPLACE (STATE OR COUNTRY): —
OCCUPATION — 13A TRADE, PROFESSION OR KIND OF WORK DONE: Barber	OCCUPATION — 19A TRADE, PROFESSION OR KIND OF WORK DONE: Housewife
OCCUPATION — 13B INDUSTRY OR BUSINESS IN WHICH ENGAGED:	OCCUPATION — 19B INDUSTRY OR BUSINESS IN WHICH ENGAGED:
20 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH: —	21 NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING: —
SIGNATURE OF INFORMANT: Adele Thompson	ADDRESS OF INFORMANT: Galveston TEXAS

22. CERTIFICATION

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD ~~DEAD~~ BORN ALIVE AT — M ON THE ABOVE DATE

AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM, WAS —

— 19 — W. J. Jinkins MD — M D MIDWIFE OTHER — Galveston, TEXAS

(DATE) (SIGNATURE) (POSTOFFICE ADDRESS)

23. FILE NUMBER	FILE DATE	SIGNATURE OF LOCAL REGISTRAR	POSTOFFICE ADDRESS
318	—	Ben Bedell	Galveston TEXAS

STATE OF TEXAS

GALVESTON COUNTY HEALTH DISTRICT

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE AS RECORDED IN THE GALVESTON COUNTY HEALTH DISTRICT, GALVESTON, TEXAS.

D. K. Emmons, M.D.

REGISTRAR OF VITAL STATISTICS

ISSUED JUL 14 1983 BY: Dolores Gonzales

PRIVILEGED AND "CONFIDENTIAL MATERIAL SUBJECT TO PROTECTIVE ORDER"

UCC 059357