



UNION
CARBIDE

INTERNAL CORRESPONDENCE

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

TO: Ms. Maureen Kelly
CBPD - B3
Danbury Office

DATE: December 6, 1983

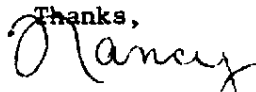
CC: File

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 O1 effective 10-1-83 (see attached).

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

Thanks,



Nancy T. Halstead
Benefits & Records Chief

NTH:ar
Attachment

PRIVILEGED AND
"CONFIDENTIAL MATERIAL
SUBJECT TO PROTECTIVE
ORDER"

UCC
059352



UNION
CARBIDE

INTERNAL CORRESPONDENCE

P. O. BOX 491, TEXAS CITY, TEXAS 77590

TO: Ms. Maureen Kelly
CBPD B3
Danbury Office

DATE: November 11, 1983

CC: ~~Internal 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,



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

NTH:ar

PRIVILEGED AND
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ORDER"

UCC
059353

UNION
CARBIDE

UNION CARBIDE CORPORATION
SOLVENTS AND INTERMEDIATES

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

DATE:

7/14/83

TO:



Mr. R. Sovinee
CAPD, R-3 - DANBURY OFFICE

RE:

J. P. Kingsbury

Paypoint

515

PR#

02536

SSN#

234-24-9903

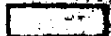


Mr. J. Ferrara
CAPD, R-3 - DANBURY OFFICE

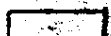
Enclosed you will find the following information relative to the above-named employee.



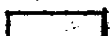
Life Insurance beneficiary change for (Active) Retired) employee.



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



Delayed application for the complete Group Insurance Plan.



Delayed application for only the Basic Life Insurance.



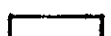
Delayed application for only the Supplemental Life Insurance as the employee is already enrolled in the Basic Plan.



Request for refund of Contributory Retirement Plan.



Affidavit of lost Retirement Plan Certificate.



Request to vest Retirement Plan contributions.



Management Representative

Nancy Halsued

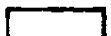
Copies routed to:

Plant Extension

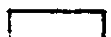
5531



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

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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	PLEASE PRINT
	ADDRESS: 2905 Houston Drive	
	La Marque, Texas 77568	

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 Wife Age 65
(Relationship)
Address 2905 Houston Drive, La Marque, Texas 77568

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

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

1/3 of 50% Name JoLynn Kingsbury Daughter Age
(Relationship)
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 7/10/23
(Signature of Insured)

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

EPAD COPY

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UCC
059355

Death Claim File
cc: Plant Manager
D. C. Heyen

L. M. Barr
T. B. Shannon

GENERAL INFORMATION SHEET
ON
DEATH OF EMPLOYEE OR RETIREE

*S. J. Benefil
361.82*

Active Employee ☐

Retiree ☒

Regular ☐

T&P ☒

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

~~XXXXXXXXXXXXXXXXXXXX~~ ~~JOYNNXXXXXXXXXX~~ 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)

Address: 3 Sisters
4 Grandchildren

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

Letter to Spouse/Survivor Mailed 1-3-84

Prepared by Ann Lambin

UCC
059356

STATE OF TEXAS		BUREAU OF VITAL STATISTICS	
STANDARD CERTIFICATE OF BIRTH			
COUNTY OF <u>Galveston</u>			
CITY OR PRECINCT NO <u>Galveston</u>		<u>1310 Ave. C</u>	
2 FULL NAME OF CHILD <u>BABY THOMPSON</u>			
RESIDENCE OF THE MOTHER	STREET AND NO <u>1310 Ave. C</u>	CITY <u>Galveston</u>	COUNTY <u>Galveston</u> STATE <u>Tx</u>
3 SEX <u>Female</u>	FOR PLURAL BIRTHS ONLY 4 TWIN, TRIPLET, OTHER	5 NUMBER IN ORDER OF BIRTH	6 LEGITIMATE? ☐ 7 DATE OF BIRTH <u>June 18, 1918</u>
FATHER		MOTHER	
8 FULL NAME <u>E. A. Thompson</u>		14 FULL MAIDEN NAME <u>Adele Ahrens</u>	
SOCIAL SECURITY NUMBER		SOCIAL SECURITY NUMBER	
9 POSTOFFICE ADDRESS <u>1310 Ave. C</u>		15 POSTOFFICE ADDRESS <u>1310 Ave. C</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>—</u> (YEARS)	16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>—</u> (YEARS)
12 BIRTHPLACE (STATE OR COUNTRY) <u>—</u>		18 BIRTHPLACE (STATE OR COUNTRY) <u>—</u>	
19A TRADE, PROFESSION OR KIND OF WORK DONE <u>Barber</u>	19B INDUSTRY OR BUSINESS IN WHICH ENGAGED	20A TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u>	20B INDUSTRY OR BUSINESS IN WHICH ENGAGED
20 NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>—</u>		21 NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING <u>—</u>	
SIGNATURE OF INFORMANT <u>Adele Thompson</u>		ADDRESS OF INFORMANT <u>Galveston TEXAS</u>	
2 CERTIFICATION			
I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD <u>BORN ALIVE</u> AT <u>—</u> ON THE ABOVE DATE			
AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM, WAS <u>—</u>			
DATE <u>19</u>	SIGNATURE <u>W. J. Jenkins MD</u>	M D MIDWIFE OTHER <u>—</u>	POSTOFFICE ADDRESS <u>Galveston TEXAS</u>
23. FILE NUMBER <u>318</u>	FILE DATE <u>—</u>	SIGNATURE OF LOCAL REGISTRAR <u>Ben Bedell</u>	POSTOFFICE ADDRESS <u>Galveston TEXAS</u>

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.

ISSUED
JUL 14 1983

REGISTRAR OF VITAL STATISTICS

BY: Deloris Gonzalez

PRIVILEGED AND
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ORDER"

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