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(171)

INCORPORATED BY THE STATE OF NEW YORK

METROPOLITAN LIFE
INSURANCE COMPANY

(HEREIN CALLED THE INSURANCE COMPANY)

Group Insurance Certificate

THE INSURANCE COMPANY CERTIFIES that, under and subject to the terms and conditions of Group Policy No.(s). 8577-G. which may be amended or discontinued by the Insurance Company or the Employer in accordance with the terms thereof, and the provisions of which are summarized on this and the following pages, the Employee named herein, an Employee of

RAYBESTOS-MANHATTAN, INC.
PASSAIC DIVISION

(HEREIN CALLED THE EMPLOYER)

is insured on the effective date of this certificate, subject to the provisions of the next following paragraph, for insurance determined in accordance with the Schedule of Insurance herein. The insurance shown in such Schedule of Insurance is subject to change in accordance with the provisions of the Group Policy Number(s) given above.

If on the date the Employee becomes insured under the Group Policy for Medical Expense Insurance—Extended Coverage on account of his Dependents, any Dependent of the Employee is confined in a hospital or other institution for care or treatment, or is confined at home under the care of a physician or surgeon because of a disabling physical or mental sickness or injury, the Medical Expense Insurance—Extended Coverage on account of that Dependent shall not become effective until that Dependent is no longer confined in a hospital or other institution or confined at home under the care of a physician or surgeon.

The insurance specified herein on account of Dependents is applicable only if the Employee is eligible for, has requested, and is insured for such insurance.

SERIAL NUMBER	NAME OF EMPLOYEE	EFFECTIVE DATE

BENEFICIARY

No agent has authority to accept or waive the required proof of a claim, nor to extend the time within which such proof must be given.

This certificate is non-assignable and the insurance and benefits are non-assignable prior to a loss. The insurance does not at any time provide paid-up insurance, or loan or cash values.

METROPOLITAN LIFE INSURANCE COMPANY,

Richard R. Shinn
President.

LIFE INSURANCE
HOSPITAL EXPENSE INSURANCE
SUPPLEMENTAL HOSPITAL EXPENSE INSURANCE
SUPPLEMENTARY HOSPITAL BENEFITS FOR PHYSICIANS' ATTENDANCE
SURGICAL OPERATION INSURANCE
SUPPLEMENTAL SURGICAL AND IN-HOSPITAL PHYSICIANS ATTENDANCE
EXPENSE INSURANCE
INSURANCE FOR DIAGNOSTIC X-RAY EXAMINATIONS—LIMITED
MEDICAL EXPENSE INSURANCE—EXTENDED COVERAGE
SUPPLEMENTAL MEDICAL EXPENSE INSURANCE
MATERNITY BENEFITS

Form G 3300-1, 5E, 5SA, 7, 9E, 9SB, 15E, 24D, 24SA, 30
Aug. 1949
Printed in U.S.A.

Exhibit Number 7

(171)

IF ANY PRIOR CERTIFICATE OR CERTIFICATE SUPPLEMENT RELATING TO THE INSURANCE REFERRED TO HEREIN HAS BEEN DELIVERED TO THE EMPLOYEE REFERRED TO HEREIN SUCH CERTIFICATE OR CERTIFICATE SUPPLEMENT IS VOID.

SUMMARY OF PROVISIONS OF THE GROUP POLICY PRINCIPALLY AFFECTING THE EMPLOYEE

LIFE INSURANCE

Section A.

LIFE INSURANCE BENEFIT

If the Employee dies while in the employ of the Employer and while insured for Life Insurance under the Group Policy, the amount of Life Insurance in force on account of the Employee at the date of his death shall be paid to the Beneficiary of record.

Section B.

DEATH BENEFIT IN THE EVENT OF TOTAL DISABILITY

1. If the Employee, while insured under the Group Policy and prior to his sixtieth birthday, becomes totally disabled as a result of bodily injury or disease so as to be wholly prevented thereby from engaging in any and every business or occupation and from performing any work for compensation or profit, and continues to be so totally disabled uninterruptedly beyond the termination of his employment and until the date of his death, then upon receipt of satisfactory proof of such death (and provided no Death Benefit is payable under the provisions of subsection 2 of Section C hereof), the Insurance Company shall pay to the Beneficiary of record the amount of the Employee's Life Insurance in force under the Group Policy at the date of the termination of his employment, provided

   (A) that initial satisfactory proof that such total disability exists and has continued uninterruptedly for at least nine months is submitted either before the termination of the Employee's employment (as defined in subsection 1 of Section F hereof) or within one year thereafter, and

   (B) that acknowledgment of the receipt of such initial satisfactory proof is endorsed on the Employee's certificate by the Insurance Company, and

   (C) that each year, within the three months preceding the anniversary of such endorsement, during the entire remainder of the Employee's lifetime, further satisfactory proof is submitted that such total disability continues, and

   (D) that upon the death of the Employee, satisfactory proof is submitted that such total disability continued to the date of his death.

   If, however, the Employee's death occurs within one year after the termination of his employment and before any such proofs have been submitted, then satisfactory proof that the Employee was totally disabled uninterruptedly from the date of the termination of his employment to the date of his death must be submitted within one year after the date of his death.

2. All such proofs of total disability and of death must be submitted in writing to the Insurance Company at its Home Office or at one of its Head Offices on the initiative of the disabled Employee or by someone on his behalf, without any obligation on the part of the Insurance Company to request any such proof.

3. Whenever proof of the Employee's total disability is submitted, the Insurance Company shall have the right and opportunity to have him examined by physicians designated by it.

4. If the Employee ceases to be so totally disabled or fails to submit any required proof within the time prescribed therefor, his rights under this Section shall automatically and immediately cease.

5. If an individual policy of Life Insurance has been issued in accordance with the provisions of the following Section, payment may be made under the provisions of this Section only if such individual policy is surrendered to the Insurance Company without claim thereunder. In such case, any premiums paid on such individual policy shall be refunded by the Insurance Company to the Beneficiary of record of the Employee.

Section C.

PRIVILEGE OF OBTAINING AN INDIVIDUAL POLICY OF LIFE INSURANCE

1. Upon written application made to the Insurance Company within thirty-one days after either

   (i) the date of the termination of the Employee's employment, or

   (ii) the date of the discontinuance of the Group Policy, provided such date is five years or more after the effective date of the Employee's insurance under such Policy, or

   (iii) the date of the cessation pursuant to subsection 4 of the preceding Section, of the Employee's rights under that Section,

   the Employee shall be entitled to have issued to him by the Insurance Company, without evidence of insurability, an individual policy of Life Insurance only, without Disability or Accidental Means Death Benefits, subject to the following conditions and provisions:

   (A) such individual policy shall be upon one of the forms then customarily issued by the Insurance Company, except Term Insurance, and

   (B) the premium for such individual policy shall be the premium applicable to the class of risk to which the Employee belongs and to the form and amount of the individual policy at the Employee's attained age (nearest birthday) at the date of issue of such individual policy, and

   (C) the amount of such individual policy shall be equal to (or at the option of the Employee less than) the amount of the Employee's Life Insurance or Death Benefit under the Group Policy, as the case may be, on whichever of the dates specified in paragraphs (i), (ii) and (iii) above is applicable, except that if the Employee's Life Insurance under the Group Policy ceases because of the discontinuance of the Group Policy five years or more after the effective date of his insurance thereunder, the amount of such individual policy shall not exceed the lesser of

      (a) the amount of the Employee's Life Insurance thereunder at the date of the cessation of such insurance, reduced by any amount of Life Insurance for which he may be or may become eligible under any Group Policy issued or reinstated by the Insurance Company or by any other insurer within thirty-one days after such cessation, and

      (b) $2,000.

2. Any individual policy of Life Insurance so issued shall become effective not earlier than the expiration of the thirty-one-day period during which application for such individual policy may be made. If, however, the Employee dies during such thirty-one-day period, the Insurance Company shall pay to his Beneficiary of record whether or not the Employee shall have made application for such individual policy, the maximum amount of Life Insurance for which an individual policy could have been issued under this Section. If the Employee shall have been entitled to make such application pursuant to paragraph (iii) of subsection 1 of this Section and shall die within one year after the termination of his employment but before his certificate shall have been endorsed in accordance with the provisions of Section B hereof, then satisfactory proof of the Employee's death within such thirty-one-day period and that he was totally disabled uninterruptedly from the date of the termination of his employment to within thirty-one days of the date of his death must be submitted to the Insurance Company within one year after the date of his death.

Section D.

BENEFICIARIES

The Employee may change his Beneficiary at any time upon written request accompanied by this certificate for endorsement. Consent of the Beneficiary shall not be requisite to any change of beneficiary.

If, at the death of the Employee, there shall be more than one designated Beneficiary, then, unless the Employee shall have specified the respective interests of such Beneficiaries, the interests of such Beneficiaries shall be several and equal.

If any designated Beneciary shall die before the Employee, the rights and interest of such Beneficiary shall thereupon automatically terminate. If, at the death of the Employee, there be no designated Beneficiary as to all or any part of the insurance, then the amount of insurance payable for which there is no designated Beneficiary shall be payable to the estate of the Employee, provided, however, that the Insurance Company may, in such case, at its option, pay such amount to any one of the following surviving relatives: wife, husband, mother, father, child or children, and payment to any one or more of such surviving relatives shall completely discharge the Insurance Company's liability with respect to the amount of insurance so paid.

The designation by the Employee of a Beneficiary under an individual policy of Life Insurance issued in accordance with the provisions of Section C hereof, other than the Beneficiary of record of the Employee under the Group Policy, shall effect a change of Beneficiary under the Group Policy to the Beneficiary of record under such individual policy, regardless of whether or not such change is endorsed on this certificate.

Section E.

OPTIONAL MODES OF SETTLEMENT

Arrangements may be made with the Insurance Company, subject to the provisions of the Group Policy, whereby the amount of Life Insurance payable at the death of the Employee will be retained by the Insurance Company and paid to the Beneficiary in instalments instead of in one sum. Information concerning such Optional Modes of Settlement may be obtained from the Employer upon request.

Section F.

CESSATION OF INSURANCE

1. The Life Insurance shall automatically cease on the date of termination of the Employee's employment. For the purposes of the Life Insurance, termination of employment means cessation of active work as an Employee as defined in the Group Policy, except that in circumstances specified in the Group Policy the Employer may deem the Employee's employment to continue after such cessation, subject to the terms of the Group Policy.
2. The Life Insurance shall automatically cease upon the discontinuance of the Group Policy.

Notice to the Employee—If you leave work because of total disability commencing before age 60, you should be sure to submit written proof to the Home Office or one of the Head Offices of the Insurance Company, as required, as soon as possible after you have been totally disabled for nine months, and in no event more than one year after the termination of your employment.

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PMC-355

4/1/77

Metropolitan Life Insurance Company

(HEREIN CALLED THE COMPANY)

GROUP POLICY No. 6683-GH SEE ALSO AMENDMENT #8

IN CONSIDERATION

of the application of the Employer for this Policy, a copy of which application is attached hereto and made a part hereof, and of the individual written applications—if any—of those Employees of

RAYBESTOS-MANHATTAN, INC.
(Herein called the Employer)

who are eligible for the insurance provided hereunder in accordance with the Formula and Schedule of Benefits hereinafter contained, and in consideration of the payment by the Employer of the premium due on the date of issue of this Policy and of the payment of the premiums due thereafter, during the continuance of this Policy, on the 3rd day of each month (herein called the due-dates), as hereinafter provided,

SEE AMENDMENT #1

DOTH HEREBY AGREE

to pay the benefits set forth in said Schedule of Benefits, with respect to the several Employees insured hereunder, in accordance with and subject to the Terms of this Policy.

The Formula, Schedule of Benefits, General Provisions and Administrative Provisions hereinafter contained are part of this Group Policy as fully as if recited over the signatures hereto affixed.

In Witness Whereof, the Metropolitan Life Insurance Company has caused this Policy to be executed this 22nd day of August, 1933, to take effect as of the 3rd day of July, 1933, which last date is the date of issue hereof.

Secretary. *Registrar.* *President.*

Group Policy
Life Insurance—Temporary Disability Insurance
Annual Distribution of Divisible Surplus

Form G.L.H. 1918 with C insert

SCHEDULE OF INSURANCE AND EMPLOYEES' CONTRIBUTIONS

CLASS	HOSPITAL EXPENSE INSURANCE Maximum (DAILY BENEFIT) *			SURGICAL OPERATION INSURANCE (MAXIMUM BENEFIT)			MAXIMUM AMOUNT WHICH AN EMPLOYEE MAY CONTRIBUTE weekly FOR			
	EMPLOYEE	WIFE	CHILD	EMPLOYEE	WIFE	CHILD	PERSONAL INSURANCE	PERSONAL INSURANCE AND DEPENDENT INSURANCE: EMPLOYEE AND		
								WIFE ONLY	CHILD OR CHILDREN ONLY	WIFE AND CHILD OR CHILDREN
All Employees	$10.00	$10.00	$10.00	$245.00	$175.00	$175.00	$0.11	$0.37	$0.37	$0.37

*Including Supplementary Hospital Benefits for Physicians' Attendance - $4.00

It is understood and agreed that for the purpose of determining effective dates of insurance under the Policy herein applied for, the written requests of Employees insured under Group Policy No. 9677-G on January 21, 1951 for Personal Insurance or for Personal Insurance and Dependent Insurance shall be deemed to be written requests for Personal Insurance or for Personal Insurance and Dependent Insurance, as the case may be, under the Policy herein applied for.

II. FORMULA

SEE AMENDMENT #2

FINITION OF THE TERM "EMPLOYEES"

The term "Employees," as used herein, shall include only employees on the payrolls of the United States beaton Division and the General Asbestos and Rubber Division of the Employer.

SEE AMENDMENT #3, 4

IGIBILITY OF EMPLOYEES

All present Employees X X X are eligible for insurance hereunder on the date of issue of this Policy. All other present Employees and new ployees shall be eligible for insurance hereunder on the date of completion of three (3) months of continuous service. Employees age seventy (70) or over shall not be eligible for Temporary Disability surance hereunder.

SEE AMENDMENT #5 & 6, 9

FFECTIVE DATES OF INSURANCE

An Employee may become insured hereunder only by making written application on forms furnished by the Company. The insurance any Employee who is eligible on the date of issue of this Policy and who makes such application on or before such date shall become effective the date of issue of this Policy, provided he is actively at work on that date. The insurance on any Employee who comes eligible after the date of issue of this Policy and who makes such application on or before the date of his eligibility, shall become effective the X date of his eligibility, provided he is tively at work on such effective date. The insurance on any Employee who makes such application after the date of his eligibility and on or fore the thirty-first day following the date of his eligibility, or on or before the thirty-first day following the date of his return to active work he was not actively at work on the date of his eligibility, shall become effective on the X date of such application, provided he is actively at work on such effective date. Any Employee making ch application after such thirty-first day and any Employee re-applying after his insurance hereunder has been discontinued in accordance with ragraph (b) under DISCONTINUANCE OF INSURANCE below, must furnish at his own expense evidence of insurability satisfactory to the Company fore he may be insured hereunder. Any such insurance shall become effective on the X date of the determination by the Company of the sufficiency of such evidence of insurability, ovided such Employee is actively at work on such effective date. The insurance on any Employee not actively at work on the date when his surance hereunder would otherwise become effective shall become effective on the next following day on which he is actively which he is actively at work.

MOUNT OF INSURANCE

The amount of insurance hereunder on any Employee shall be in accordance with the Schedule of Benefits hereinafter set forth and any crease X in the amount of such insurance, in accordance with said Schedule of Benefits, shall become effective on the date of change in occupation, provided he is actively at work on such effective date; if not then actively at work, such change in the mount of insurance shall become effective on the next following day on which he is actively t work.

DISCONTINUANCE OF INSURANCE

(a) The Life Insurance on any Employee insured hereunder shall cease automatically thirty-one (31) days after the date of the termination of employment of such Employee, except as provided in the second paragraph below. The Temporary Disability Insurance on any such Employee shall cease automatically on the date of the termination of employment of such Employee, except as provided in the third paragraph below.

Cessation of active work by an Employee shall be deemed to constitute the termination of his employment, except as provided in the two paragraphs next following.

As to the Life Insurance hereunder, in case of the absence of an Employee from active work on account of sickness or injury, or on account of retirement on pension, or for not longer than two (2) months on account of leave of absence or temporary lay-off, the employment of such Employee may, for the purposes of the Life Insurance hereunder, be deemed to continue until terminated by the Employer. The Life Insurance hereunder on such Employee shall cease thirty-one (31) days after the date of such termination by the Employer, as evidenced to the Company by the Employer, whether by notification or by cessation of premium payment on account of the Life Insurance hereunder on such Employee.

As to the Temporary Disability Insurance hereunder, in case of the absence of an Employee from active work on account of sickness or injury, the employment of such Employee shall, for the purposes of the Temporary Disability Insurance hereunder, be deemed to continue for not more than the maximum number of weeks for which weekly Temporary Disability Benefits are payable hereunder; and, provided advance notice is given to and approved by the Company, absence of an Employee from active work on account of temporary lay-off for not longer than thirty-one (31) days shall not be deemed to constitute termination of employment unless and until the Employer shall notify the Company of the termination of employment of such Employee or shall cease to make premium payments on account of the Temporary Disability Insurance hereunder on such Employee.

(b) The Life Insurance on any Employee insured hereunder, who shall have notified the Employer that his insurance under this Policy is to be discontinued, shall cease thirty-one (31) days after the date such notice of discontinuance was received by the Employer. The Temporary Disability Insurance on any such Employee shall be discontinued as of the X date such notice of discontinuance was received. Failure of any Employee to make contribution when due, as required by the Employer, to the cost of his insurance hereunder shall be deemed notice to the Employer that his insurance hereunder is to be discontinued.

(c) The Temporary Disability Insurance on any disabled Employee, who has received weekly benefits for the maximum number of weeks specified in this Policy, shall be discontinued as of [illegible] such insurance on such Employee shall be reinstated only if and when he returns to active work for the Employer [illegible] to the provisions of the next paragraph.

[illegible] hereunder shall be discontinued automatically on the renewal date

III. SCHEDULE OF BENEFITS

Class	Amount of Life Insurance	Weekly Temporary Disability Benefits
1 Asbestos & Rubber Division		
-tory Employees	$ 500.00	$ 7.50
ıcutives, Foremen, Supervisory	1000.00	10.00
l Office Employees		
l States Asbestos Division		
ık and File Employees	500.00	7.50
remen and Executives SEE AMENDMENT # 4	1000.00	10.00
yees on Pension as of July 3, 1933	1000.00	x x

SEE AMENDMENT #9, 14, 17

SEE AMENDMENT #2 #11

An employee not actively at work on account of sickness or injury (except an employee is retired with or without pension) on the effective date of this policy, who was insured r policies 3431-G and 1461-GH bearing dates of June 3, 1927, policy 2045-G bearing date of ıber 31, 1923, or policy 1032-GH bearing date of August 11, 1926 on the day immediately ceding the effective date of this policy shall be eligible for insurance hereunder in an nt equal to the amount for which he was insured under such policies on such day and such rance shall be discontinued upon his return to work or upon prior notice to the insurance any, by the employer, that such employee's employment has been terminated.

IV. GENERAL PROVISIONS

Section 1. INSURING CLAUSES—(*a*) LIFE INSURANCE—Upon receipt by the Company of due notice and proof—in writing—of the death of any Employee, while insured hereunder, and upon the surrender of the Certificate and all Certificate Riders—if any—issued hereunder to such Employee, the Company shall pay, subject to the Terms hereof, to the Beneficiary of record, the amount of Life Insurance, if any, in force on account of such Employee at the date of his death, according to the Schedule of Benefits.

(*b*) TEMPORARY DISABILITY INSURANCE—Upon receipt by the Company of due notice and proof—in writing—that any Employee, while insured hereunder, has become wholly and continuously disabled, as a result of bodily injury or disease, so as to be prevented thereby from performing any and every duty of his occupation, the Company shall pay, subject to the Terms hereof, to such disabled Employee, the Temporary Disability Benefits to which he is entitled according to the Schedule of Benefits, during the continuance of such temporary disability and up to the time such Employee is able to engage in any gainful occupation or employment for wage or profit; but in no case shall such Temporary Disability Benefits be payable for the first seven (7) days of disablement, nor for more than thirteen (13) weeks (Limit of the benefit-paying period)

thereafter, for any one disability.

Section 2. EXTENDED DEATH BENEFIT—Upon receipt by the Company of due notice and proof—in writing—that the death of any Employee formerly insured hereunder has occurred prior to his sixty-fifth birthday and (*a*) within twelve (12) months from the date of termination of his employment, as defined by the Formula, or (*b*) within a period, beginning with the date of termination of employment, equal to the time during which the Life Insurance hereunder on such Employee had been in force, whichever is less, and upon receipt of further proof—in writing—that such Employee was, from the date of termination of his employment to the date of his death, continuously and totally disabled, as a result of bodily injury or disease, so as to have been thereby prevented from engaging in any and every business or occupation and from performing any and all work for compensation or profit, and upon the surrender of all Certificates and Certificate Riders, if any, issued hereunder to such Employee, the Company shall pay, subject to the Terms hereof, to the Beneficiary of record, the amount of Life Insurance, if any, in force on account of such Employee at the date of the termination of his employment, according to the Schedule of Benefits; provided, however, that no payment shall be made under the provisions of this Section unless such notice and proof of such death and of such disability is submitted to the Company within ninety (90) days after the date of such death; nor shall any such payment be made unless this Policy is in full force and effect at the date of the death of such Employee.

If an individual policy shall have been issued and become effective pursuant to application made in accordance with the Conversion Privilege granted by Section 12 hereof, no payment shall be made under the provisions of the preceding paragraph unless such individual policy shall be surrendered to the Company without claim thereunder, in which case the Company will refund to the beneficiary under such individual policy the premiums paid thereon, with interest at the rate of six (6) per centum per annum.

Section 3. LIMITATIONS ON THE PAYMENT OF TEMPORARY DISABILITY BENEFITS—(*a*) If any Temporary Disability Benefits are payable hereunder on account of disability due to, or accompanied by, mental disablement, such benefits may, at the option of the Company, be paid to the Beneficiary of record of the Employee so disabled.

(*b*) For employees located in Manheim, Pa., the Temporary Disability Insurance shall not be payable on account of disability from injury or occupational disease arising out of or in the course of any employment for wage or profits.

(*c*) The Temporary Disability Benefits shall not be payable for any period of disablement for which the Employee is not under treatment by a physician legally licensed to practice medicine; nor shall such benefits cover self-destruction or self-inflicted injury, while sane or insane.

(*d*) In event of disablement caused by, or resulting from, a pregnancy, including resulting childbirth or miscarriage, not more than six (6) weeks' benefits shall be paid for disablement during and due to such pregnancy.

(*e*) If the Employee be over age sixty (60) at the time of any sickness disablement, he shall not be entitled to receive more than thirteen (13) weeks' benefits for sickness disability suffered during any twelve (12) consecutive months.

(*f*) Other Limitations X X X X

Section 4. PAYMENT OF PREMIUMS—The premiums due on and after the date of issue of this Policy for benefits provided hereunder shall be determined and shall be payable in accordance with Sections 5 and 15 hereof.

All premiums falling due under this Policy, including adjustments thereof—if any—are payable by the Employer, on or before their respective due-dates, direct to the Company, but may be paid to an Agent or other authorized representative of the Company, in which case the Company's official premium receipt signed by the President, Vice-President, Actuary, Treasurer or Secretary of the Company and countersigned by the Agent or other authorized representative of the Company receiving the premium, shall be exchanged for such payment. The payment of any premium shall not maintain the insurance under this Policy in force beyond the date when the next premium becomes payable, except as provided in the next paragraph.

If the Employer has not previously given written notice to the Company that this Policy is to be discontinued, a grace period of thirty-one (31) days, without interest charge, shall be granted to the Employer for the payment of every premium after the first, during which period this Policy shall continue in force.

If any premium be not paid within the days of grace, this Policy shall thereupon be discontinued, but the Employer shall, nevertheless, be liable to the Company for the payment of all premiums then unpaid, together with the premiums for the days of grace. If, however, written notice is given by the Employer to the Company, during the grace period, that the Policy is to be discontinued, then the Employer shall be liable to the Company for the payment of a pro-rata premium for the period commencing with the date on which the last premium became due and ending with the date of receipt of such written notice by the Company.

Section 5. RENEWAL PRIVILEGE—The Employer may renew this Policy on July 3, 1934 and at each succeeding anniversary of such date for the term of one year, provided the number of Employees then insured hereunder is, in the case of a Contributory Policy, not less than seventy-five (75) per cent. of the number of eligible Employees and, in the case of a Non-Contributory Policy, not less than the total number of eligible Employees, and provided in either case the number of Employees then insured hereunder is not less than fifty (50). Renewal is conditioned upon the payment of the premiums then due as computed in the manner set forth in Section 15 hereof and based upon such Schedule of Life Insurance premiums and such Temporary Disability premiums at such rate as may then be determined by the Company. Premiums then so payable, be changed at any On written request of the Employer, approved by the Company, premiums may be made payable monthly; in which event, the renewal of the Policy shall be subject to such terms as to the payment

PLICATION is hereby made to the METROPOLITAN LIFE INSURANCE COMPANY for a Group Policy providing the insurance ified in the schedule of insurance below for the eligible Employees (as defined below) of

RAYBESTOS-MANHATTAN, INC.

(HEREIN CALLED THE EMPLOYER)

n address of Employer Passaic, New Jersey

(WHERE POLICY IS TO BE DELIVERED AND FROM WHICH ADDRESS PREMIUMS ARE TO BE PAID)

ire of business Mechanical Rubber Manufacturers

(IF MORE THAN ONE BUSINESS, STATE ALL)

The word "Employee", as used herein, means a full time employee who is directly employed and compensated for services by The Manhattan Rubber Mfg. Division of Raybestos-Manhattan, Inc., or by The Manhattan Rubber Mfg. Co., a Wisconsin Corporation wholly owned by the employer, or a full time employee on the Main Office and Central Territory payrolls who is directly employed and compensated for services by Raybestos-Manhattan, Inc., but in no case shall any such employee earning less than $15.00 per week be included.

ELIGIBILITY—All present Employees

l be eligible for insurance on the date of issue of the Policy. All other present and new Employees shall be eligible for insurance on the immediately following the date of completion of three months of continuous service. The insurance on any ble Employee shall become effective in accordance with the provisions of the Group Policy. In no event, however, shall the insurance me effective as to any such Employee on a date on which he is not actively at work.

SCHEDULE OF INSURANCE AND EMPLOYEES' CONTRIBUTIONS

CLASS	LIFE INSURANCE	ACCIDENT AND HEALTH INSURANCE (WEEKLY BENEFITS)	ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	HOSPITALIZATION EXPENSE INSURANCE (DAILY BENEFITS)	SURGICAL OPERATION INSURANCE (MAXIMUM BENEFITS)	EMPLOYEES' CONTRIBUTIONS
General Plant Hourly Paid Employees earning $15.00 weekly or more	$1,000.	$10.00				$.26 weekly
All Salaried Employees	$1,000.	--				.60 monthly

It is understood and agreed that, if Life Insurance is applied for, the Employees shall not be required to contribute more an $.60 a month per $1,000. of such insurance.

It is understood and agreed that, if Accident and Health Insurance is applied for, Weekly Benefits shall not be payable for the first seven days of disablement xxx, nor in any case for more than thirteen weeks.

t is understood and agreed that, if Hospitalization Expense Insurance is applied for, Daily Benefits shall not be payable for more than xxx days.

he insurance herein applied for is not to replace, nor is it in addition to, any Group or Wholesale Insurance now or previously in n this or any other Company on any persons eligible for this insurance, nor has any application been submitted to any other Com- or similar insurance on persons eligible for this insurance, except

of Insurance Company None

ge None Date of discontinuance None

s agreed that the Policy will not become effective unless this application is approved and accepted by the Insurance Company at its Office, nor shall the Policy, if issued, become effective prior to the payment of an approximate initial premium, and, if the Employees ontribute toward the initial cost, unless at least 75 percent of all eligible Employees have made written request for insurance there-

miums will be paid Monthly (ANNUALLY, SEMI-ANNUALLY, QUARTERLY, MONTHLY).

vance payment, herewith, to be applied to payment of premiums under the Policy herein applied for, when and if issued, $3,000.

s agreed that necessary particulars concerning Employees to be insured on or subsequent to the date of issue of the Policy, and loyees whose insurance is to be changed or discontinued, shall be furnished monthly to the Insurance Company by the Employer on s provided for the purpose.

d at Passaic, New Jersey this third day of May 19 40

(Witness)

RAYBESTOS-MANHATTAN, INC.
(Employer)

By (Title)

4911-3—Jan. 1940—PRINTED IN U.S.A.