

January 26, 1971

Mr. Al's Giltzner
3123 W. Tumleweed Drive
Tucson, Arizona 85708

Dear Al:

Received your letter of inquiry regarding coverage of your wife, Emilie, by Blue-Cross - Blue-Shield Insurance. -3601

Presently, both you and your wife are covered. Since both of you are over 65 years old, you should have Medicare insurance coverage.

In the event you should die before your wife she still can be covered if she so chooses. We can deduct the payment out of her survivor option pension check which you have taken for her.

We also received your nice Christmas card and posted it in your Die Repair Department at Plant #2, per your request.

Glad to receive an occasional message from you. Arizona must certainly be a nice place to retire. May both of you have continued good health.

Very truly yours,

DOEHLER-JARVIS DIVISION
National Lead Company

John C. Sherolan
Employment Manager

JCS:mc

N Doehler-Jarvis
Castings

April 20, 1976

Ruth Knestrick
R. R. #1
Peirson, MI 49339

Dear Mrs. Knestrick:

In answer to your letter of March 19, 1976, because you have retired under Total Permanent Disability your Blue Cross/Blue Shield insurance will be covered for the rest of your life.

If you have any questions please do not hesitate to either call or write.

Very truly yours,

Kathryn Stevenson

Kathryn Stevenson
Asst. to Div. Benefits Adm.

KS/lac

Doehler-Jarvis Castings Division/NL Industries, Inc.
General Office: 1945 Smead Avenue, Toledo, Ohio 43691 Tel. (419) 244-9521
Mailing Address: M.P.O. Box 902, Toledo, Ohio 43691
Plants at: Batavia, N.Y., Pottstown, Pa., Toledo, Ohio

NL Doehler-Jarvis Castings

September 17, 1976

Warren C. Mates
43 32nd St. S.W.
Wyoming, Michigan

Dear Mr. Mates:

Enclosed, Please find your Application for Benefits and Award effective August 1, 1976.

This office is assuming that you wish to elect the surviving spouse option and these calculations reflect this option. However, if we are assuming incorrectly, please advise as soon as possible. In the event, that you do want this option, we will require a copy of your wife's birth certificate and social security card along with a copy of your marriage license. Regardless of your election of this option, we must have a copy of your birth certificate as soon as possible.

As a retiree of Doehler-Jarvis, you may continue your life insurance coverage of \$7,500.00 at a cost of \$3.75 per month. Since you cancelled your life insurance coverage last January, you would owe Doehler-Jarvis Castings \$26.25 for the 7 months that you were cancelled. If you would want this coverage, please send a check for \$26.25 payable to Doehler-Jarvis. The cost as of August 1, 1976, if you do renew this coverage, would be deducted from your pension check monthly until age 65. At age 65, the Company would assume the cost (\$3.75) and the insurance (\$7500) would begin to reduce monthly by \$150.00 until it reached a minimum of \$2,800.00. Your health coverage (Blue Cross/Blue Shield) hospitalization and drug prescription plan will be continued for you and your dependents at no cost to you for your lifetime.

In addition to the above, we can, if you so wish deduct \$1.00 monthly for union dues. Also, an amount allocated by you can be deducted from your check monthly for federal income tax purposes if you so desire. (A form is included for this purpose).

This office would appreciate a reply on the above matters as soon as possible; please sign both sheets of the application where I have check marked and return to me along with your decisions on the above. If you have any questions, please do not hesitate to contact this office.

Very truly yours,

Kathryn A. Stevenson

Kathryn A. Stevenson

Doehler-Jarvis Castings Division/NL Industries, Inc.

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Plants at: Batavia, N.Y., Pottstown, Pa., Toledo, Ohio

PS Form 3811, Jan. 1975 RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL	
1. The following service is requested (check one) <input type="checkbox"/> Show to whom and date delivered. <input type="checkbox"/> Show to whom, date, & address of delivery. <input type="checkbox"/> RESTRICTED DELIVERY: Show to whom and date delivered. <input type="checkbox"/> RESTRICTED DELIVERY: Show to whom, date, and address of delivery.	2. ARTICLE ADDRESSED TO: Warren C. Mates 43 32nd St. S.W. Wyoming, Michigan
3. SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" column. Doehler-Jarvis Castings 1945 Smead Avenue Toledo, Ohio 43691	4. ARTICLE DESCRIPTION: REGISTERED NO. 84283 CERTIFIED NO. 84283 INSURED NO. 84283 (Always obtain signature of addressee or agent) I have received the article described above: SIGNATURE: Mrs. W.C. Mates DATE OF DELIVERY: 9/22/76 ADDRESS (if changed only if required): SEP 23 1976 SEP 23 1976 UNABLE TO DELIVER BECAUSE:

N: 16848

**NL Doehler-Jarvis
Castings**

December 7, 1976

Marinus Adama
4746 Yorkton Dr. S.W.
Wyoming, Michigan 49509

Dear Mr. Adama:

Enclosed please find an application for your retirement effective March 1, 1977.

I will require a copy of your wife's birth certificate and social security card along with a copy of your marriage license and a copy of your birth certificate as soon as possible.

As a retiree of Doehler-Jarvis, you may continue your life insurance coverage of \$7,500.00 at a cost of \$3.75 per month. This cost would be deducted from your pension check monthly until age 65. At age 65 the Company would assume the cost (\$3.75) and the insurance (\$7,500.00) would begin to reduce monthly by \$150.00 until it reached a minimum of \$2800.00. Your health coverage (Blue Cross/Blue Shield) hospitalization and drug prescription plan will be continued for you and your dependents at no cost to you for your lifetime.

(The above paragraph is in effect only if you continue your premium payments, while you are laid off, To Toledo Plant 1 Personnel's Office.)

You may also decide to have Union Dues of \$1.00 deducted from your pension check. Also, an amount allocated by you can be deducted from your check monthly for federal income tax purposes if you so desire.

I would appreciate a reply on the above matters as soon as possible: please sign both sheets of the application where I have check marked and return to me along with your decisions on the above. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Kathryn S. George
Kathryn S. George
Asst. to Div. Benefits Adm.

ksg

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N: 16854

Sent B.C
Cards al

NL Doehler-Jarvis Castings

June 2, 1977

Mr. Ollie J. Kurdys
3703 Drexel Dr.
Toledo, Ohio 43612

Dear Mr. Kurdys:

The following information is provided pursuant to your letter of request dated May 27, 1977:

1. Benefits accrued in your name -
Under the Doehler-Jarvis Division Wage Pension Plan we have determined a monthly benefit payable to you in the amount of \$91.49. You will also be covered under the Blue Cross/Blue Shield Group Hospitalization Plan while you are drawing benefits under the Pension Plan.
2. How vested benefits are determined -
Your benefit under the Pension Plan is determined by multiplying your years of Credited Service (9 years, 11 months) by the basic benefit in effect (\$9.00 per year of service). This amount of \$89.25 is then reduced by 5% because you have elected the Surviving Spouse benefit. Thus the basic benefit is \$84.79. To this is added the \$6.70 Medicare Benefit for a total benefit of \$91.49 per month.
3. Copies of forms relative to retirement benefits -
Enclosed is a copy of the Application for Benefits and Award which has been prepared for your benefits.
4. Copies of pension credits records -
Enclosed is a breakdown of your Credits for pension purposes by Plan Year.
5. Provision of Insurance Program which renders you ineligible for life insurance -

Article II, Section 2(a) of the Insurance Program provides that an employee with less than 10 years of Credited Service under the Pension Plan at age 65 shall have

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his life insurance discontinued upon his separation from active service.

Since you have less than ten years of service under the Pension Plan, you are not eligible for life insurance.

Very truly yours,



Jack L. Johnson
Administrative Secretary

JLJ/ksg

Att.

**NL Doehler-Jarvis
Castings**

August 18, 1977

Mr. Ivan Scheuneman
300 Phillips Dr.
Box 214
Trufant, Michigan 49347

Dear Mr. Scheuneman:

Your letter of August 15th indicates that you would not have applied for a Social Security Disability Award had you known that your supplement under the pension plan would be reduced. Please note, however, that your Disability Award was for \$304.90 per month while your supplement would have been reduced by only \$187.50 - leaving you with an additional \$117.40 per month. Thus it was not unwise for you to apply for the Disability Award when you did.

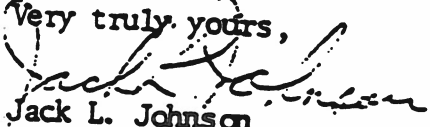
I realize that your Medicare premium has been at \$7.20 per month and has recently gone up to \$7.70. However, the pension plan calls for a specific amount of \$6.70 per month. The Medicare benefit does not go up automatically when the Medicare premium does.

As to your Blue Cross insurance, we are in the process of having your coverage adjusted to a Medicare Complementary which would be retroactive. In connection with this adjustment you should receive a new Blue Cross card. Your wife will continue to be covered until age 65 at which time she should take the Medicare coverage and also she will have Blue Cross/Blue Shield complementary. (This last statement is only true as long as you, the retiree, are still alive).

The hospital bill which you enclosed with your letter should be submitted directly to Blue Cross by you. Blue Cross will not accept a submission from us.

I hope this will help to answer your questions, If you need further information, please advise.

Very truly yours,


Jack L. Johnson
Manager, Employee Benefits

JLJ/ksg

enc.

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NI 16867

**NL Doehler-Jarvis
Castings**

October 31, 1977

Joseph ^R X. Szczepanek
1545 Pine N.W.
Grand Rapids, Michigan 49504

1-616-456-8
#217

Dear Mr. Szczepanek:

Enclosed please find your Application for Benefits and Award effective January 1, 1978.

This office is assuming that you wish to elect the surviving spouse option and these calculations reflect this option. However, if we are assuming incorrectly, please advise as soon as possible. In the event, that you do want this option, we will require a copy of your wife's birth certificate and social security card along with a copy of your marriage license. Regardless of your election of this option, we must have a copy of your birth certificate as soon as possible.

As a retiree of Doehler-Jarvis, you may continue your life insurance coverage of \$7,500.00 at a cost of \$3.75 (as long as you have paid while on a lay off). At age 65, the Company would assume the cost (\$3.75) and the insurance (\$7,500.00 would begin to reduce monthly by \$150.00 until it reached a minimum of \$2,800.00. (please complete the enclosed yellow card for life insurance).

^{white}
Your health coverage (Blue Cross/Blue Shield) will be continued for you and your dependents at no cost to you for your lifetime. (Please complete the white and blue cards).

In addition to the above, we can, if you so wish deduct \$1.00 monthly for union dues. Also, an amount allocated by you can be deducted from your check monthly for federal income tax purposes if you so desire. (A form is included for this purpose).

This office would appreciate a reply on the above matters as soon as possible; please sign both sheets of the application where I have check marked and return to me along with your decisions on the above. If you have any questions, please do not hesitate to contact this office.

Very truly yours,

Kathryn S. George
Kathryn S. George

Asst. to Div. Benefits Adm.

ksg

Doehler-Jarvis Castings Division/NL Industries, Inc.
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Ni 16870

**NL Doehler-Jarvis
Castings**

March 7, 1978

Warren South
333 E. Northgate Pkwy.
Toledo, Ohio 43612

Dear Mr. South:

Enclosed please find your application for retirement effective January 1, 1978. After all paperwork is finalized, you will receive all checks due you since January 1, 1978. The checks will be in the amount of \$117.78 per month. If you would pass away, your wife would receive \$64.78 per month.

Your Blue Cross/Blue Shield coverage will continue as long as you are alive. You also have Travelers life insurance in the amount of \$7,500.00 which you can draw down to \$500.00 at rate of \$150.00 per month. If you would like to draw this down, please advise in writing.

Please sign the attached sheet where indicated and return with the following papers:

1. Your birth certificate.
2. Your Social Security Card.
3. Your wife's Birth certificate
4. Your wife's Social Security card.
5. Your Marriage License.
6. Social Security Disability Award letter or rejection.

If there are any questions, please do not hesitate to contact me.

Very truly yours,

Kathryn S. George
Kathryn S. George
Asst. to Div. Benefits Adm.

ksg

enc.

Doehler-Jarvis Castings Division/NL Industries, Inc.
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June 8, 1978

Mr. Frank Starrett
520 E. Acorn Circle
Spring Hill, Florida 33512

Dear Mr. Starrett:

C Please be advised that you and your wife will continue to be covered under the Group Health Plan after age 65. However, at age 65 you will become eligible for Medicare coverage which we urge you to take. Your Blue Cross coverage after age 65 will only be a complement to Medicare. It will not cover anything which Medicare covers. If you should predecease your wife, she could continue in the Doehler-Jarvis group but would be required to pay for coverage at the applicable group rate.

O You are correct that there will be an increase in pension benefits for retirees effective in September of this year. Your basic benefit will be increased by 50¢ for each year of Credited Service plus your early retirement reduction. However, since you are still receiving a Supplemental Allowance, your net benefit will remain the same. At age 65 your basic benefit will be \$293.58 plus a Medicare benefit of \$7.70 for a total benefit of \$301.28. You will no longer be required to pay the premium for life insurance after age 65 but the above amount would be reduced by any other deductions (such as Federal taxes) which you might authorize.

P I hope this helps to answer your questions. If you need anything further, please advise.

Y Very truly yours,

Jack L. Johnson
Manager, Employee Benefits

JLJ/ksg

NL Doehler-Jarvis Castings

April 30, 1979

Victor Johnson
18 2nd St, P.O. Box 193
Cedar Springs, Mich. 49319

Dear Mr. Johnson:

Enclosed please find an application for your retirement effective July 1, 1979. Please review all the facts very carefully such as your address, your birthdate, and your Social Security Number, etc.

Your gross monthly benefit before age 62 will be \$632.22, before age 65 it will be \$337.89, and after 65 it will be \$345.59. If you would pass away, your wife's surviving spouse gross monthly benefit would be \$185.84.

As a retiree of Doehler-Jarvis, you may continue your life insurance coverage of \$7,500.00 at a cost of \$3.75 per month. (Please make sure that all Blue Cross and Travelers life insurance premiums payments are all paid through the end of June 1979 in order that the transfer from Ohio to Michigan will go smoothly. At this time this office has been alerted that you owe for the months of March, April and May 1979. Please send the payments as soon as possible so you are not cancelled.) At age 65, the Company would assume the cost and the life insurance would begin to reduce monthly by \$150.00 until it reached a minimum of \$2,800.00 Your health coverage will be continued for you and your dependents at no cost to you for your lifetime. If you would pass away your wife would have the decision of continuing this Blue Cross coverage at a cost to her.

In addition to the above, we can, if you so wish deduct \$1.00 monthly for union dues. Also, an amount allocated by you can be deducted from your check monthly for federal income tax purposes if you so desire.

This office will require a copy of the following documents: your birth certificate, your wife's birth certificate, your marriage license and both yours and your wife's Social Security card.

After carefully reviewing both forms, please sign where indicated and return these forms along with your decisions and your documents to this office.

Very truly yours,
Kathryn S. George
Kathryn S. George
Benefits Administrator

NL Doehler-Jarvis Castings / NL Industries, Inc.
1945 Smead Avenue, Toledo, Ohio 43691 Tel. (419) 248-5691
Mailing Address: M.P.O. Box 902, Toledo, Ohio 43691
Plants at Batavia, N.Y., Pottstown, Pa., Toledo, Ohio

NL Doehler-Jarvis
Castings

June 23, 1980

Mrs. Walter Kowalik
11315 Hartman Road
Grand Rapids, Ohio 43522

Dear Mrs. Kowalik:

We were sorry to hear about Mr. Kowalik and would like to express our sincere sympathy at this time.

Per our phone conversation on 6/23/80, a copy of the death certificate will be required before a claim can be filed for the life insurance benefits.

You will automatically have Blue Cross Blue Shield insurance at no cost to yourself, since your husband was actively employed at the time of his death.

As a surviving spouse, you are eligible for a monthly pension benefit. Before we can initiate the paperwork for this benefit we will need copies of the following documents.

1. Your birth certificate.
2. Your husband's birth certificate.
3. Your social security card.
4. Your husband's social security card.
5. Marriage license.

Please send the requested documents to my attention as soon as you feel up to it.

If you have any questions or if I can be of help, please feel free to contact me.

Very truly yours,

Carol Mae Nuszbaum

Carol Mae Nuszbaum
Asst. to Benefits Adm.
(419) 248-5901

cmn

NL Doehler-Jarvis Castings / NL Industries, Inc.
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**NL Doehler-Jarvis
Castings**

October 15, 1980

Mrs. Josephine D. Nieckarz
102 Orville Drive
Toledo, Ohio 43612

Dear Mrs. Nieckarz:

I was sorry to hear of the recent loss of your husband. Please accept my sincere sympathy at this time.

As a surviving spouse of a retiree you are eligible for certain benefits. The following is an explanation of these benefits:

Life Insurance

You have been designated as the beneficiary to receive the life insurance on Mr. Nieckarz in the amount of \$4,650.00. We will need a copy of the Death Certificate before a claim can be processed.

Pension Benefits

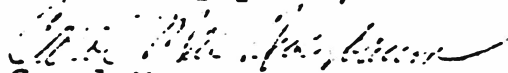
Mr. Nieckarz elected the surviving spouse option when he retired, therefore you will be receiving a monthly pension benefit in the amount of \$147.58. A copy of your Social Security Card is required in order for this benefit to begin.

Health Insurance

Your Blue Cross Blue Shield insurance coverage will remain the same as you have now at no cost to yourself. This benefit is Company paid. If you have any questions regarding your coverage, please contact Marcia Thompson at 470-8019.

At your convenience, please forward the requested documents to my attention. If you have any questions, please feel free to contact me.

Very truly yours,


Carol Mae Nuszbaum
Asst. to Benefits Adm.
(419) 248-5901

cmn

NL Doehler-Jarvis Castings / NL Industries, Inc.
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NL Doehler-Jarvis
Castings

March 20, 1981

Mrs. Ethel Adcock
3725 Talmadge Road
Toledo, Ohio 43623

Dear Mrs. Adcock:

We were sorry to hear of the recent loss of your husband, Norman. Please accept our sincere sympathy at this time.

As a surviving spouse of a retiree you are entitled to certain benefits. The following is an explanation of these benefits:

Life Insurance

You have been named as beneficiary to receive a death benefit of \$6,000.00. In order for a claim to be filed, we will need a copy of the death certificate. Please send the certificate to my attention using the mailing address listed at the bottom of this letter.

Pension Benefits

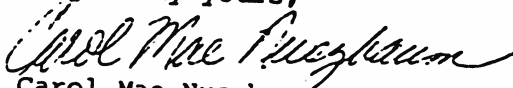
Also you are entitled to receive a pension benefit in the amount of \$128.07 per month. This benefit will automatically take effect April 1, 1981 and will be sent directly to your home address.

Health Insurance

Blue Cross Blue Shield insurance will remain the same as you now have. Just continue to use the cards you currently have. This benefit is Company paid and will be at no cost to yourself.

If you have any questions, please feel free to contact me.

Very truly yours,



Carol Mae Nuszbaum
Asst. to Benefits Adm.
(419) 248-5901

cmn

NL Doehler-Jarvis Castings/NL Industries, Inc.
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**NL Doehler-Jarvis
Castings**

June 3, 1981

Mrs. Joan Kurdys
3703 Drexel Drive
Toledo, Ohio 43612

Dear Mrs. Kurdys:

We were sorry to learn of the recent loss of your husband, Ollie, and hope you will accept our sincere sympathy at this time.

As a Surviving Spouse of a retiree, you are entitled to certain benefits. The following is an explanation of these benefits.

Life Insurance

Because Ollie did not have 10 years of service when he retired, he was not eligible for life insurance through our group plan. Therefore, no death benefits are due.

Health Insurance (Blue Cross Blue Shield)

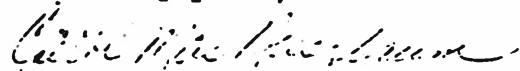
As a surviving spouse your Blue Cross Blue Shield coverage will remain the same as you now have it. This is a Company paid benefit at no cost to your self and you should continue to use the cards that you currently have.

Pension

Please return the June 1, 1981 pension check that was made payable to Ollie as this check was not due since Mr. Kurdys passed away the last of May. However, you will be receiving a check the first of July in the amount of \$118.42 representing the months of June and July. Beginning with August all future checks will be in the amount of \$60.75.

I hope this gives you a better understanding of the benefits that are due, if not, please feel free to contact me.

Very truly yours,



Carol Mae Nuszbaum
Asst. to Benefits Adm.
(419) 248-5901

cmn

NL Doehler-Jarvis Castings / NL Industries, Inc.
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Mailing Address: M.P.O. Box 902, Toledo, Ohio 43691
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NL

March 8, 1982

Mrs. Mary M. Rodon
168 Ross Street
Batavia, NY 14020

Dear Mrs. Rodon:

We were very sorry to hear that Mr. Rodon passed away. Please accept our deepest sympathy. As Mr. Rodon's beneficiary, you are entitled to the following benefits:

1. Life insurance in the amount of \$2,000.
2. Surviving spouse's pension payments in the amount of \$93.35 per month.
3. Reimbursement for Medicare premiums - currently \$9.70 per month.
4. Continuation of your medical insurance coverage for your lifetime or until you remarry.

To collect your benefits, please complete the Claimant's Statement on the enclosed form and return it to me. Should you receive the March pension check, it should be marked "void" and returned to me also.

If you have any questions, please do not hesitate to call me collect at (609) 443-2274.

Sincerely,

Patti L. Dollar

Patti L. Dollar
Benefits Supervisor

PLD/bs
Enclosure

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N 19067

NL

January 25, 1983

Mr. John Ladanyi
13549 Deaner Road
Route 2, Box 58A
Howard City, MI 49329

Dear Mr. Ladanyi:

Regarding your recent letter, we will answer your questions in the order in which you presented them:

- The amount of your pension will remain in the gross amount of \$538.00/month until you reach age 62 when it will be reduced to \$288.00/month. The \$288 remains in effect from age 62 until you reach age 65. After age 65 your monthly pension will be \$264.70/month for your lifetime.
- You will have to contact the Social Security Administration to find out what your Social Security entitlement will be.
- Medical insurance for your spouse after your death - will continue for her lifetime unless she remarries and it will then be discontinued.

Very truly yours,



Anne Marie Zadzora
Benefit Adm. Savings

AMZ/sa

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

NI 16918

NL

January 27, 1983

Mrs. Grace Atwood
2614 Meyer S.W.
Wyoming, MI 49509

Dear Mrs. Atwood:

We were very sorry to hear that Mr. Atwood passed away. Please accept our deepest sympathy. As Mr. Atwood's beneficiary, you are entitled to the following benefits:

1. Life insurance in the amount of \$5,500.
2. Surviving spouse's pension payments in the amount of \$127.69 per month.
3. Reimbursement for medicare premiums once you become eligible for medicare coverage.
4. Continuation of your medical insurance coverage for your lifetime or until you remarry. You may continue to use Mr. Atwood's card for future medical claims.

To collect your benefit, please complete the Claimant's Statement on the enclosed form and return it to me along with a certified copy of the death certificate. Should you receive the February pension check in error, please mark it "void" and return it to me.

If you have any questions, please do not hesitate to call me collect at 609/443-2274.

Sincerely,

Patti L. Dollar

Patti L. Dollar
Benefits Supervisor

PLD:sa
Enc.

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N 18737

NL

February 23, 1983

Mr. Patrick Quinn
70 Genesee Street
Attica, NY 14011

Dear Mr. Guinn:

We were sorry to hear that your father passed away in January. Please extend our condolences to your mother and the rest of the family.

As we discussed on the phone, your mother is the beneficiary of Mr. Quinn's life insurance and pension plans and as such is entitled to the following benefits:

1. Life insurance in the amount of \$2,000.
2. Surviving spouse's pension payments in the amount of \$109.33 per month.
3. Reimbursement for medicare premiums--currently \$9.70 per month.
4. Continuation of medical coverage for her lifetime or until she remarries.

To collect the above benefits, your mother should complete the following forms:

1. Proof of Death - Claimant's Statement only.
2. Signature Card
3. Notice of Withholding Federal Income Tax on Pension Payments

The forms should be returned to me as soon as possible along with a certified copy of the death certificate. If you have received or do receive any pension checks payable to Mr. Quinn, they should be returned to my office at the address below.

N 19054

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

Mr. Patrick Quinn

- 2 -

February 23, 1983

If you have any questions about your mother's benefits, please contact me.

...

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD/bs

Encls. 3

N 19055

NL

April 7, 1983

Mr. Woodrow W. Buttermore
1555 Lake Drive, S.E.
Grand Rapids, Michigan 49506

Dear Mr. Buttermore:

The amount of your life insurance through the Doehler-Jarvis plan is \$2,800.

The amount of your wife's benefit under the pension plan will be \$151.19 per month should you predecease her. In addition, when she is eligible for medicare coverage, we will reimburse her \$9.70 per month for premiums. Upon your death, she will continue to be covered for medical insurance for her lifetime or until she remarries.

If you have any other questions about your benefits, please contact me at the address below.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD:djm

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N 18791

NL

May 17, 1983

Mr. Donald Grice
401 Drage Drive
Apoka, Florida 32703

Dear Mr. Grice:

Your February letter has just come to my attention. I sincerely apologize for the delay in responding to you.

Mrs. Grice's benefits will be as follows if you predecease her:

Pension - A monthly payment of \$126.81 for her lifetime.

Medical - Medical coverage for her lifetime or until she remarries. This coverage will be through Blue Cross/Blue Shield and will be the same as it is today.

Life Insurance - The amount of your life insurance is \$2800 as of March 1, 1983. It will remain unchanged for your life.

If you have any questions about your benefits, please do not hesitate to contact me at the address below.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PD:ks

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N: 16921

NL

May 18, 1983

Mr. Vincent M. Parisi
29 Union Street
Batavia, New York 14020

Dear Mr. Parisi:

Below is a summary of your wife's survivor benefits should you predecease her.

Pension Plan - Mrs. Parisi will be entitled to \$153.73 per month for her lifetime. This amount is 55% of your current pension of \$279.50.

Medical Coverage - Your wife will continue to be covered under the Blue Cross/Blue Shield Plan for her lifetime or until she remarries.

Life Insurance - Because you were approved for Total & Permanent Disability benefits, the amount of your life insurance is being reduced each month by \$150.00. As of May 1, 1983 it was valued at \$4,550.00. As of August 1985 you will have received the final monthly installment. At that time your life insurance benefit will be \$500.00, where it will remain for the rest of your life.

If you have any additional questions about your benefits, please let me know.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD:ks

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

NI 16923

NL

May 27, 1983

Mrs. Edward P. Stachowski
29 Chestnut Street
Batavia, NY 14020

Dear Mrs. Stachowski:

We were very sorry to hear that Mr. Stachowski passed away.
Please accept our deepest sympathy.

As his beneficiary you are entitled to the following benefits:

1. Life insurance--a lump sum payment in the amount of \$4,650.
2. Pension--a survivor's pension of \$211.60 per month for the rest of your life.
3. Medical insurance for life or until you remarry. You may continue to use the Blue Cross/Blue Shield card which was issued to Mr. Stachowski.
4. Effective April 1, 1985, we will reimburse you for a portion of your medicare premium; \$9.70 will be added to your monthly pension check.

To collect your benefits, please complete the Claimant's Statement on the enclosed form and return the form and a raised-seal copy of the death certificate to me.

If you have any questions, please feel free to call us collect at either of the following numbers:

Patti Dollar	(609) 443-2274
or Gerry Milano	(609) 443-2018

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD:egm
Enclosure

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N 19160

NL

June 23, 1983

Mrs. Robert J. Smith
161 Summit Street
Batavia, NY 14020

Dear Mrs. Smith:

We were very sorry to hear that Mr. Smith passed away. Please accept our deepest sympathy.

As beneficiary of your husband's NL benefit programs, you are entitled to the following:

1. Life insurance in the amount of \$7,500.
2. A survivor pension in the amount of \$204.36 per month for your lifetime.
3. Medical coverage for life or until remarriage. You may continue using Mr. Smith's cards for identification purposes.
4. Reimbursement for Medicare premiums in the amount of \$9.70 per month when you reach age 65.

To collect your benefits, please complete the claimant's statement on the enclosed form and return it to me along with a raised-seal copy of Mr. Smith's death certificate. Please also complete the W-4P tax withholding form which is applicable to your monthly pension benefit.

If you have any questions about your entitlements, please feel free to call me collect at (609) 443-2274.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD:egm
Enclosure

N 19126

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520



September 12, 1983

Mrs. Mary Ann Cintorino
33 Central Avenue
Batavia, NY 14020

Dear Mrs. Cintorino:

We were very sorry to hear that your husband, Andrew, passed away. Please accept our deepest sympathy.

As Mr. Cintorino's beneficiary, you are entitled to the following benefits from NL Industries, Inc.:

1. Life insurance in the amount of \$2,250.
2. A monthly pension in the amount of \$125.78 effective 9/1/83.
3. Reimbursement for your Medicare premium in the amount of \$9.70 per month.
4. Continued medical coverage for your life or until you remarry.

To collect your benefits, please complete the Claimant's Statement on the enclosed form and return it to me in the stamped, self-addressed envelope which is enclosed. Also, if you have received any pension checks for Mr. Cintorino, you may return them with the claim form.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, reading 'Patti L. Dollar'.

Patti L. Dollar
Benefits Supervisor

PLD:egm

Enclosures

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N 18807

NL

Sept. 23, 1983

Mrs. Dorothy L. Foster
938 Giddings, S.E.
Grand Rapids, MI 49506

Dear Mrs. Foster:

We were sorry to hear of the death of your husband.
Please accept our sincere sympathy.

In reviewing our files it has been determined that Mr. Foster had a life insurance policy through NL Industries, Inc. in the amount of \$3,300, of which you are the beneficiary. In order for us to process this claim, we require the enclosed "Proof of Death" form be completed by you (under Claimant's Statement) and returned intact. We also need an original or certified copy of the death certificate.

There are no death benefits from the NL Pension Plan. Therefore, the October 1, 1983 check should be returned.

You will continue to have medical coverage for the rest of your life or until remarriage.

Since this department is relocating to Houston, Texas next week, please return the above-requested documents to Christine Pacatte, NL Industries, Inc., Corporate Benefits Dept., P.O. Box 60087, Houston, TX 77205.

Sincerely yours,



Gerry Milano
Benefits Specialist

Enclosure

NL Industries, Inc.
P.O. Box 420, Hightstown, N.J. 08520

N' 18543

N

October 14, 1983

Mrs. Robert D. Schlafley
2658 Meyer S. W.
Grand Rapids, Michigan 49504

Dear Mrs. Schlafley:

We were very sorry to hear that Mr. Schafley passed away. Please accept our sincere sympathy.


As the beneficiary of Mr. Schlafley's policies, you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.
2. A monthly survivor pension in the amount of \$131.85 plus a medicare premium reimbursement in the amount of \$9.70.
3. Continuing medical insurance for your lifetime or until you remarry.

To collect your benefits, please complete the claimant's statement on the enclosed yellow form and the W-4P tax form and return them to me in the enclosed stamped envelope.

If you have any questions about your benefits, please do not hesitate to contact men.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD/jtc

Enclosures

NL

November 30, 1983

Mrs. James Rittenhouse
Hamlin Townsend La., Route 1
Baldwin, MI 49304

Dear Mrs. Rittenhouse:

We were sorry to hear that Mr. Rittenhouse passed away in October. Please accept our deepest sympathy.

As his beneficiary, you are entitled to the following benefits:

Life Insurance - \$2,250

Survivor Pension - \$84.61 per month effective 11/1/83

Medicare Premium Reimbursement - \$9.70 per month

Medical Benefits - continued for your lifetime or until you remarry. You may continue to use Mr. Rittenhouse's card.

To collect your benefits, please complete the Claimant's Statement on the enclosed form and return it to me in the attached envelope. We shall also need Mr. Rittenhouse's November and December pension checks which were mailed prior to our receiving notice of his death. If you have already returned the checks to the Northern Trust, we would appreciate knowing the approximate date you returned them.

Regarding your question about your NL benefits, our records indicate that you are receiving a deferred vested pension in the amount of \$50.77 per month. As a terminated employee, no life insurance is enforce.

If you have any questions about your survivor benefits or deferred vested pension, please feel free to contact me at 713/987-5129.

Very truly yours,

Patti L. Dollar

Patti L. Dollar
Benefits Supervisor

PLD/jb

Enc.

NL Industries, Inc.

3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

N 19063

Use of Nov checks returned to NL

NL

January 27, 1984

Mr. Sherman Shimmell
449 Dolphin
Caledonia, MI 49316

Dear Mr. Shimmell:

This is in response to your letter of January 16th, concerning your Blue Cross/Blue Shield coverage and Social Security.

Your Blue Cross/Blue Shield coverage, for you and your wife, will continue for the rest of your life, at no cost to you. If you should predecease your wife, she will have continued coverage for the rest of her life or until she remarries.

It is not mandatory that you start drawing Social Security at age 62. Your pension benefit, however, will be reduced effective 8/1/85 to \$288 per month. When you reach age 65 your pension will again be recalculated and you will receive an increase.

Also at age 65 you will need to enroll in Medicare, you will be reimbursed \$9.70 through your pension for Medicare.

If you have any other questions, please let me know.

Sincerely,



Christine Pacatte
Benefits Administrator

CP/jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NI 16937

NL

February 8, 1984

Mrs. Dorothy B. Stokes
218 Ross Street
Batavia, NY 14020

Dear Mrs. Stokes:

We were very sorry to hear that your husband, Evan, passed away in January. Please accept our sympathy.

As you know, you are the beneficiary under the NL benefits program. As such, you are entitled to the following:

1. Life insurance in the amount of \$2,000.
2. Monthly survivor pension in the amount of \$140.56 effective 2/1/84.
3. Continuing medical coverage for your life or until you remarry. In addition, we will reimburse a portion of your medicare premium (\$9.70 per month).

To collect your benefits, please complete the enclosed forms and return them to me in the self-addressed stamped envelope. The February pension check mailed to Mr. Stokes should also be returned to our office.

If you have any questions, please feel free to contact us at the address below or by calling Christine Pacatte or me collect at 713-987-5129.

Sincerely,

Patti L. Dollar

Patti L. Dollar
Benefits Supervisor

PLD/jc
Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 19148

NL

March 15, 1984

Mr. and Mrs. Gerrit Kapenga
6978 Union S.E.
Grand Rapids, MI 49508

Dear Mr. and Mrs. Kapenga:

This is in response to your letter of February 29th, concerning your life insurance coverage.

Once Mr. Kapenga reached age 65 he no longer had to pay for his life insurance coverage which was \$7,500. The amount of life insurance did begin reducing by \$150 a month following Mr. Kapenga's birthday, and will continue reducing each month until it reaches a minimum of \$2,800.

I was unable to locate a beneficiary designation form in the files. In order to alleviate this problem, Mr. Kapenga should complete both of the enclosed forms (2) and return to me. I will acknowledge receipt by signing the back and returning one of them to you for your records and keeping the other here.

Metropolitan no longer issues individual certificates, this letter will serve as your proof of insurance.

Medical coverage thru Blue Cross/Blue Shield will also continue for Mrs. Kapenga, should Mr. Kapenga pre-decease her.

If you have any other questions, please let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:ds

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

NI 16941

NL

April 5, 1984

Mrs. Rita Marie Michalak
16088 Eighth Street
Marne, MI 49435

Dear Mrs. Michalak:

We were very sorry to hear that your husband passed away. Please accept our deepest sympathy.

As his beneficiary, you are entitled to the following benefits from NL Industries, commencing March 1st, 1984:

1. A monthly pension in the amount of \$148.91. This benefit is payable for your life.
2. Life insurance in the amount of \$7,500.00.
3. Continued medical coverage for your life, or until you remarry.
4. Effective September 1, 1984, you will be eligible for a partial reimbursement of your Medicare premium. The amount of this reimbursement will be \$9.70 per month.

To collect your benefits, please complete the Claimant's statement on the enclosed form. Return it to me along with the completed W4-P tax form which is used for your monthly pension. We also request that you return to us the group insurance certificate and the March and April pension checks which have been issued to Mr. Michalak.

If you have any questions about your benefits, please feel free to call either Christine Pacatte on (713) 987-4848 or myself on (713) 987-5129.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD:ds
NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18955

NL

June 22, 1984

Mr. Raymond Szymczak
1224 Northlawn
Grand Rapids, MI 49505

Dear Mr. Szymczak:

Your letter to Debra Stone has been referred to me for response. Should you predecease your wife, Marion, she will be entitled to the following benefits:

1. Life insurance - \$2,000
2. Survivor pension - \$128.88/month
3. Parital medicare premium reimbursement - \$9.70 per month
4. Continued medical coverage for her lifetime or until she remarries.

If you have any further questions about Mrs. Szymczak's benefits, please do not hesitate to contact us at the address below.

Sincerely,



Patti L. Dollar
Benefits Supervisor

PLD/bh

NL

July 2, 1984

Mrs. Monna M. Anderson
P. O. Box 249
Baldwin, MI 49304

Dear Mrs. Anderson:

We were very sorry to hear of the death of your husband, Mr. Kenneth Anderson, please accept our sincere sympathy.

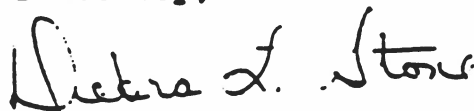
In reviewing my records I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.
2. A survivor pension in the amount of \$180.91 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

In order to process the life insurance claim I will need you to complete the enclosed "Proof of Death" form, Claimant's Statement, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4459, my address is below.

Sincerely,



Debra L. Stone
Benefits Assistant

:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18717

NL

July 23, 1984

Mrs. Lorraine Tundo
61 Kernwood Drive
Rochester, NY 14624

Dear Mrs. Tundo:

We were very sorry to hear of the death of your husband Mr. Anthony L. Tundo, please accept our sincere sympathy.

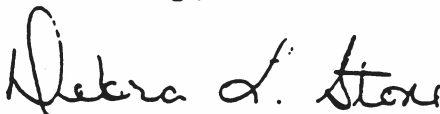
In reviewing my records I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.
2. A survivor pension in the amount of \$131.29 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical for the rest of your life or until you remarry.

In order to process the life insurance claim I will need you to complete the enclosed "Proof of Death" form, Claimant's Statement, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4459, my address is below.

Sincerely,



Debra L. Stone
Benefits Assistant

:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

19198

NL

Copies

August 17, 1984

Mrs. Lillian Mongar
251 Wilbur S.E.
Grand Rapids, MI 49508

Dear Mrs. Mongar:

We were very sorry to hear of the death of your husband, Mr. Clarence Mongar, please accept our sincere sympathy.

In reviewing my records I found that Mr. Mongar had a life insurance policy in the amount of \$2,800.00 of which you are the beneficiary. In order to process this claim I will need you to complete the enclosed "Proof of Death" form, Claimant's Statement, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

Your medical coverage will continue for the rest of your life, or until you remarry. There are no survivor pension benefits available, therefore the August check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-4459, my address is below.

Sincerely,

Debra L. Stone

Debra L. Stone
Benefits Assistant

:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NL

September 7, 1984

Mrs. Gwendolyn Deneff
c/o Michigan Christian Home
1845 Boston, SE
Grand Rapids, MI 49506

Dear Mrs. Deneff:

This is in response to a letter from H. Leonard Fox concerning your benefits. Currently you are covered by a medicare supplement through Blue Cross/Blue Shield of Michigan under group 70609, a copy of your medical plan description is attached. This coverage is extended by NL Industries for the rest of your life. You also receive a survivor pension benefit of \$122,70, and a partial Medicare premium reimbursement of \$9.70 each month which will continue for the rest of your life.

If I can be of further assistance, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:ds

cc: H. Leonard Fox
2201 Wilshire
Grand Rapids, MI 49506

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 16822

NL

December 12, 1984

Randolph P. Zickl, Esq.
216 East Main Street
Batavia, NY 14020

Re: Kenneth A. Botts

Dear Mr. Zickl:

Please be advised that medical coverage for Mrs. Botts will continue under the same group medical contract as she and Mr. Botts had for either the remainder of her life or until she remarries. When Mrs. Botts wishes to file a claim on this contract, she may use the enclosed medical claim forms which should be completed and submitted to Metropolitan at the address listed on the bottom of the form.

The life insurance claim has been submitted to Metropolitan and we are awaiting the check. As soon as it is received I will forward it to Mrs. Botts by certified mail.

If I can be of further assistance, please let me know.

Sincerely,



Debra L. Stone
Benefits Assistant

:ds

December 14, 1984

Mrs. Edrie Patterson
3521 E. 128th
Grant, MI 49327

Dear Mrs. Patterson:

Your medical benefits will not change when you reach age 62. You will continue to be covered under the group plan for the rest of your life or until you remarry. Your survivor pension benefit will also remain the same for the rest of your life.

If you have any questions, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:ds

N 19036

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205



January 9, 1985

Mrs. Charline Kopp
833 33rd Street Southwest
Wyoming, Michigan 49509

Dear Mrs. Kopp:

We were very sorry to hear of the death of your husband, Kenneth Kopp, please accept our sincere sympathy.

In reviewing my records, I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$3,000.00.
2. A survivor pension in the amount of \$122.49 per month.
3. Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Kenneth Kopp received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed "Proof of Death" form, Claimant's Statement, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4459, my address is below.

Sincerely,


Judy L. Bentley
Benefits Assistant

:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 18924

NL

January 31, 1985

Mr. Santo T. Talone
103 Chestnut Circle
Country Villas
Safety Harbor, Florida 33572

Dear Mr. Talone:

This is in response to your letter of January 15th requesting life insurance information.

Your file reflects you have \$2,800 life insurance coverage, with your wife, Helen E. Talone, listed as beneficiary. Also, in the event of your death, Mrs. Talone will have medical coverage for life (or until remarriage, if it occurs).

As a matter of planning ahead, please instruct Mrs. Talone to contact this office should she have the need of our services in the above matter. Your life coverage is through Metropolitan, however, we process all documentation prior to submitting it to Metropolitan.

Thank you for your inquiry and if I may be of further assistance, please contact me. My telephone number is (713) 987-5129, my address below.

I noticed on your letter you used our old Hightstown address. Corporate Benefits has relocated to Houston, Texas. Patti Dollar has been promoted to Corporate Employee Relations Director. Just thought you might like to be brought up to date. Again, if I can help in any way, please advise.

Sincerely,


Judy Bentley
Administrative Secretary

jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

Ni 16947

NL

February 1, 1985

Mr. Samuel DiPiazza
5027 Ellicott Street
Batavia, New York 14020

Dear Mr. DiPiazza:

This is in response to your letter of January 23, 1985 requesting information regarding your life insurance coverage.

You have life insurance coverage in the amount of \$2,000, with your beneficiary listed as Mrs. Mary DiPiazza, your wife. In the event of your death, Mrs. DiPiazza would receive the \$2,000 life insurance plus she would have medical coverage for life (or until she remarried). Perhaps you might like to pass this information to her and instruct her to contact this office should she need our services in this matter. Your coverage is through Metropolitan, however, all paperwork is generated from this office.

Please let me know if you have further questions. My phone number is (713) 987-5129, my address below.

Sincerely,



Judy Bentley
Administrative Secretary,
Corporate Benefits

jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NI 16948

NL

February 26, 1985

...
Mrs. Ruth B. Myers
68 Lakewood Village
500 Maple Ridge
Medina, New York 14103

Dear Mrs. Myers:

We were very sorry to hear of the death of your husband Mr. Lester J. Myers, please accept our sincere sympathy.

In reviewing my records, I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,250.00.
2. A survivor pension in the amount of \$123.39 per month.
4. Continued medical coverage for the rest of your life or
... until you remarry.

Any pension checks payable to Mr. Myers received subsequent to his death, should be returned (March's check).

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death form, Claimant's Statement section, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy L. Bentley
Administrative Secretary
Corporate Benefits

:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18970

NL

February 28, 1985

Mrs. Dominic Barone
261 Swan Street
Batavia, New York 14020

Dear Mrs. Barone:

This is in response to your letter concerning your medical benefits. You are covered under your husband's group coverage. Should he predecease you, your coverage will continue for the rest of your life or until you remarry.

If you have any other questions, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

A' 18645

NL

February 28, 1985

Mrs. Dominic Barone
261 Swan Street
Batavia, New York 14020

Dear Mrs. Barone:

This is in response to your letter concerning your medical benefits. You are covered under your husband's group coverage. Should he predecease you, your coverage will continue for the rest of your life or until you remarry.

If you have any other questions, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18645

NL

March 4, 1985

Mrs. June Buttermore
1555 Lake Drive, SE
Grand Rapids, Michigan 49506

Dear Mrs. Buttermore:

We were very sorry to hear of the death of your husband Mr. Woodrow W. Buttermore, please accept our sincere sympathy.

In reviewing my records, I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.00.
2. A survivor pension in the amount of \$151.19 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Buttermore received subsequent to his death, should be returned (March check).

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death form, Claimant's Statement section, and return to me intact along with the original or certified copy of the death certificate. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,



Judy L. Bentley
Administrative Secretary

:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18789

NL

March 15, 1985

Mrs. Helen Scinta
11 James Street
Batavia, New York 14202

Dear Mrs. Scinta:

We were very sorry to hear of the death of your husband Mr. John Scinta, please accept our sincere sympathy.

In reviewing my records, I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.00.
2. A survivor pension in the amount of \$141.12 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Scinta received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death form, Claimant's Statement section, and return to me intact. Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy L. Bentley
Administrative Secretary

:jb

N 19097

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NL

March 19, 1985

Mrs. Vera Little
1231 Drexel Court, Northeast
Grand Rapids, Michigan 49505

Dear Mrs. Little:

We were very sorry to hear of the death of your husband Mr. Benjamin F. Little, please accept our sincere sympathy.

In reviewing my records, I found that you are entitled to the following benefits:

1. Life insurance in the amount of \$2,700.00.
2. A survivor pension in the amount of \$113.64 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Little received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death form, Claimant's Statement section, and return to me intact along with the original or certified copy of the death certificate (I understand the funeral home will be sending a copy, however, I have not received it as yet). Also, if you can locate the original insurance certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley

Judy L. Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18621

NL

April 3, 1985

Mrs. Dominic Barone
261 Swan Street
Batavia, New York 14020

Dear Mrs. Barone:

We were very sorry to hear of the death of your husband, Mr. Dominic Barone, please accept our sincere sympathy.

In reviewing my records, I found that Mr. Barone had a life insurance policy in the amount of \$3,150, of which Dominic, Jr., Michael, David, and Mary Ann are the beneficiaries. I now have all the addresses together and will send the proper forms for their completion. I will need from you however, a certified copy of the Death Certificate in order to complete all the necessary paperwork.

Your medical coverage will continue for life or until you remarry.

There are no survivor pension benefits available, therefore, the check following Mr. Barone's death and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,



Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

11 181.36

NL

April 4, 1985

Mrs. Antoinette Oxencis
40 Otis Street
Batavia, New York 14020

Dear Mrs. Oxencis:

We were very sorry to hear of the death of your husband, Mr. Joseph Oxencis, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

1. Life insurance in the amount of \$2,250.00.
2. A survivor pension in the amount of \$125.81 per month.
3. A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley

Judy Bentley
Administrative Secretary
Corporate Benefits

N 18996

NL

April 18, 1985

Ms. Lydia Ramage
105 Hart Street
Batavia, New York 14020

Dear Ms. Ramage:

I received a telephone call from Doehler-Jarvis requesting we send life insurance information to you. I have the following information for you.

- You have life insurance coverage which started decending in value as of January 1, 1982, in accordance with your retirement plan, to a minimum of \$10,000. The decent is as follows:

01/01/82	\$22,800.00
01/01/83	\$21,915.36
01/01/84	\$21,030.72
01/01/85	\$20,146.08
01/01/86	\$19,261.44
01/01/87	\$18,376.80
01/01/88	\$17,492.16
01/01/89	\$16,607.52
01/01/90	\$15,722.88
01/01/91	\$14,838.24
01/01/92	\$13,953.60
01/01/93	\$13,068.96
01/01/94	\$12,184.32
01/01/95	\$11,299.68
01/01/96	\$10,415.04
02/01/96	\$10,341.32
03/01/96	\$10,267.60
04/01/96	\$10,193.88
05/01/96	\$10,120.16
06/01/96	\$10,046.44
07/01/96	\$10,000.00

- Your beneficiary is listed as your daughter, June R. Phillips.

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

Ni 16949

- If Mr. Ramage is still alive and you are still married to him, he will have medical coverage for life or until he remarries. I do not have your current marital status so this particular paragraph is unconfirmed.

You may wish to share this information with your daughter, as beneficiary, so she will know who to contact when she needs our services. Also, feel free to contact me if you have any further questions. My number is (713) 987-5129, my address is on page 1 of this letter.

Sincerely,



Judy Bentley
Administrative Secretary
Corporate Benefits

NL

April 22, 1985

Mr. Willis G. Huffman
11 Fuller
Northeast Grand Rapids, Michigan 49503

Dear Mr. Huffman:

We were very sorry to hear of the death of your wife, Mrs. Lena Huffman, please accept our sincere sympathy.

In reviewing my records, I found that Mrs. Huffman had a life insurance policy in the amount of \$1,710.00, of which you are the beneficiary. In order to process this claim I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for life or until you remarry.

There are no survivor pension benefits available, therefore, the May check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley
Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 1551

NL

May 6, 1985

Mrs. Joyce Hall
727 Rutledge Northeast
Grand Rapids, Michigan 49505

Dear Mrs. Hall:

We were very sorry to hear of the death of your husband, Mr. Gordon Hall, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

1. Life insurance in the amount of \$7,500.00.
2. A survivor pension in the amount of \$148.91 per month.
4. Continued medical coverage for the rest of your life or until you remarry.

I have enclosed a medical coverage booklet for your reference. In particular, I researched whether ambulance service was covered under this plan, and it is not. I do not have claim forms available right at the moment. In order to expedite matters, simply get some forms from a Blue Cross/Blue Shield Office and submit the completed forms to the address shown on the front of the coverage booklet.

Any pension checks payable to Mr. Hall received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley

Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18880

NL

May 7, 1985

Mrs. Helen Rich
2864 Marshall, Southeast, Apartment B7
Grand Rapids, Michigan 49508

Dear Mrs. Rich:

We were very sorry to hear of the death of your husband, Mr. Donald W. Rich, please accept our sincere sympathy.

As a benefit from NL Industries, you have medical coverage for life or until you remarry.

There are no survivor pension benefits available, therefore, the May check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley
Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 181,74

NL

May 7, 1985

Mr. Freddie Brewer
708 44th Street, Southeast
Kentwood, Michigan 49509

Dear Mr. Brewer:

We were very sorry to hear of the death of your wife, Mrs. Beatrice B. Brewer, please accept our sincere sympathy.

In reviewing my records, I found that Mrs. Brewer had a life insurance policy in the amount of \$7,500.00, of which you are the beneficiary. In order to process this claim I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for life or until you remarry.

There are no survivor pension benefits available, therefore, the May check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley

Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

18548

NL

May 29, 1985

Mrs. Virginia Strand
418 Elm Rest Street
Cadillac, Michigan 49601

Dear Mrs. Strand:

We were very sorry to hear of the death of your husband, Mr. Ralph Strand, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

1. Life insurance in the amount of \$2,800.00.
2. A survivor pension in the amount of \$119.84 per month.
3. Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Strand received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,

Judy Bentley

Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

11/18598

NL

June 13, 1985

Mr. Albert F. Masse
8470 Sanders Road
Stafford, New York 14143

Dear Mr. Masse:

At the time you retired, you had life insurance in the amount of \$15,000. This amount began reducing by \$1,500 per year on the month following your 70th birthday and will continue reducing every year on August 1st until it reaches a minimum of \$7,500. For example, on August 1, 1982, you had \$13,500, August 1, 1983, \$12,000, August 1, 1984, \$10,500, August 1, 1985, \$9,000, and August 1, 1986, \$7,500. \$7,500 will remain in effect for the rest of your life. You have designated your wife, Marion, as your beneficiary.

I am also enclosing a booklet which outlines your medical coverage along with a few claim forms and identification cards. Should you pre-decease your wife, medical coverage for her will continue for the rest of her life or until she remarries.

In the event of your death, this office should be notified as soon as possible. My address is below and telephone number is (713) 987-4848.

I hope this answers your questions. If I can be of further assistance, let me know.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:jb

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16952

NL

July 8, 1985

Mr. Carlton Rector
11388 Wabasiu Avenue
Rockford, Michigan 49341

Dear Mr. Rector:

In response to your recent inquiry, I have the following information for you.

- You have life insurance coverage in the amount of \$2,587.50, with the beneficiary listed as your wife, Fern. Should you pre-decease Mrs. Rector, she should contact this office in order to file for the life insurance. We will file all necessary paperwork to Metropolitan for her.
- Should you pre-decease Mrs. Rector, she will have continued medical coverage for life or as long as she has a widowed marital status.
- For any pension benefit information, please contact Suellen Crawford at the address below or (713) 987-5469.

Mr. Rector, should you have further questions, please feel free to contact me at the address below or call collect at (713) 987-5129.

Sincerely,

Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NI 16953

NL

September 17, 1985

Mrs. Hilda Reurink
3934 9th Street
Wayland, Michigan 49348

Dear Mrs. Reurink:

We were very sorry to hear of the death of your husband, Mr. Reurink, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:


- o Life insurance in the amount of \$2,800.00.
- o A survivor pension in the amount of \$175.56 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Reurink, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,


Judy Bentley
Administrative Secretary
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 19058

NL

October 7, 1985

Mr. Chester J. Anisko
1327 Lamont, Northwest
Grand Rapids, Michigan 49504

Dear Mr. Anisko:

In response to your recent correspondence, I have the following information for you:

- o Your life insurance, in the amount of \$2,250, is payable through Metropolitan Life to your wife, Margaret Anisko.
- o Should you pre-decease Mrs. Anisko, her medical insurance will continue for life or until her marital status changes.

In the event of your death, NL Corporate Benefits Department should be contacted at the address below, telephone number (713) 987-5129. We will process all paperwork for the life claim for Mrs. Anisko.

Should you have any questions, please feel free to call me collect or write to the address below.

Sincerely,


Judy Bentley
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16959

NL

October 23, 1985

Mrs. Everett A. Yensen
56 North Lyon
Batavia, New York 14020

Dear Mrs. Yensen:

We were very sorry to hear of the death of your husband, Mr. Everett Yensen, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2,800.00.
- o A survivor pension in the amount of \$158.05 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Yensen, received subsequent to his death (November check), should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,


Judy Bentley
Corporate Benefits

NL

October 30, 1985

Mrs. Nora Hinze
10397 Harper Road
Darien Center, New York 14040

Dear Mrs. Hinze:

Your recent correspondence prompted me to research our records before writing my response. I'm glad it did. According to our Premium Statement, Mr. Hinze has never been covered when, in fact, he should be. I will correct this with the November 31st Premium Statement if you will provide me with the following information.

- 1) Correct name, James E. Hinze?
- 2) Date of Birth
- 3) Social Security Number

Mr. Hinze being under 65, without Medicare, will simply have different coverage than your coverage with Medicare. He will go to the same 66042 group coverage when he turns 65. Also, just in case you didn't know, if you should pre-decease Mr. Hinze, he will have medical coverage for life unless he remarries.

I'm glad this matter was brought to light before it became a problem. Should you have any questions at all, feel free to call me collect at (713) 987-5129 or write to the address below.

Sincerely,


Judy Bentley
Corporate Benefits

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel (713) 987-4000

NI 16963

NL

November 12, 1985

Mr. Paul Mattaliano
1830 Covington
Grand Rapids, Michigan 49506

Dear Mr. Mattaliano:

We were very sorry to hear of the death of your wife, Mrs. Josephine Mattaliano, please accept our sincere sympathy.

In reviewing my records, I found that Mrs. Mattaliano had a life insurance policy in the amount of \$7,500, of which you are the beneficiary. In order to process this claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for life or until remarriage.

There are no survivor pension benefits available, therefore, the December check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-5129, my address is below.

Sincerely,


Judy Bentley
Corporate Benefits

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18612

NL

December 5, 1985

Mrs. Henrietta Holzgen
9014 Hemerich Ave.
Byron Center, MI 49315

Dear Mrs. Holzgen:

We were very sorry to hear of the death of your husband, Mr. Louis Holzgen, please accept our sincere sympathy.

In reviewing my records, I found that Mr. Holzgen had a life insurance policy in the amount of \$2137.50, of which you are the beneficiary. In order to process this claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact.

Your medical coverage will continue for the rest of your life or remarriage.

There are no survivor pension benefits available, therefore, the December check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18518

NL

December 5, 1985

Mrs. Helen Swanberg
849 Crosby NW
Grand Rapids, MI 49504

Dear Mrs. Swanberg:

We were very sorry to hear of the death of your husband, Mr. Carl Swanberg, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- Life insurance in the amount of \$5,100
- A survivor pension in the amount of \$148.91 per month.
- A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Swanberg, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 19160

NL

December 12, 1985

Mrs. Marion Szymczak
1224 Northlawn, NE
Grand Rapids, MI 49505

Dear Mrs. Szymczak:

We were very sorry to hear of the death of your husband, Mr. Raymond Szymczak, please accept our sincere sympathy.

In reviewing Mr. Szymczak's file, I found that he had a life insurance policy in the amount of \$2,250 of which you are the beneficiary. In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death form, Claimant's Statement and return to me intact.

You are also entitled to a monthly survivor pension benefit in the amount of \$128.88, and a partial Medicare reimbursement of \$9.70 per month. you will have continued medical coverage for the rest of your life or until you remarry.

If you have any questions, please give me a call 713/987-4848, collect calls are accepted.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:ds

H 19170

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NL

January 16, 1986

...
Mrs. Bernice Hansel
East Main St.
400 Towers, Apt. #807
Batavia, NY 14020

Dear Mrs. Hansel:

We were very sorry to hear of the death of your husband, Mr. Charles Hansel, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- Life insurance in the amount of \$1,600
- A survivor pension in the amount of \$85.25 per month.
- A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Hansel, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18884

NL

February 21, 1986

Mr. John Yunker
60 S. Main St.
Oakfield, NY 14125

Dear Mr. Yunker:

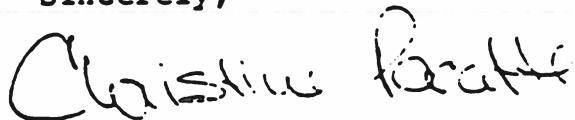
Effective July 1, 1986, your monthly life insurance deduction (\$3.75) will cease and you will begin receiving an additional \$9.70 for medicare reimbursement. Your basic monthly benefit of \$356.61 will remain the same.

Your life insurance, currently \$7,500.00 will begin reducing by \$150.00 per month following your 65th birthday until it reaches a minimum of \$2,800.00. I have enclosed a booklet outlining your medical benefits, page 15 discusses the affect of Medicare on your coverage.

Should you predecease your wife, she would receive a lump sum life insurance payment, plus a monthly survivor pension benefit of \$196.14. Her medical coverage will continue for the rest of her life, or until remarriage.

If you have any other questions, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:ds

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16969

NL

March 11, 1986

Mr. John Zuidersma
2150 Border Rd.
Middleville, MI 49333

Dear Mr. Zuidersma:

To follow up our phone conversation concerning your life insurance coverage, at the time you retired, you had \$7,500 of life insurance coverage. Upon attaining age 65, you no longer had to contribute to the life insurance plan and your benefit began reducing. Each month following your 65th birthday, your life insurance reduces \$150.00 per month until it reaches a minimum of \$2,800. This is a flat amount and will not reduce further.

Your wife, Florence, is designated as your beneficiary.

Should you predecease your wife, her medical coverage will continue, at no cost, for the rest of her life or remarriage.

I hope this answers your questions. If you need anything else, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:jm

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16972

NL

March 11, 1986

Mrs. Nora Hinze
10397 Harper Rd.
Darien Center, NY 14040

Dear Mrs. Hinze:

Your Blue Cross/Blue Shield coverage is fine and so is Mr. Hinze's. It is a little complicated, but I will try to explain how the BC/BS contract works.

When both you and Mr. Hinze were under 65, there should have been a family contract under your name.

When you turned 65, you were enrolled in a single contract over 65 and your husband was enrolled in a single contract under 65.

When Mr. Hinze turns 65, he will still have a single contract, but over 65.

In the over 65 group coverage, there are no family contracts. Each member has single coverage under their own name. Don't ask me why; that is just the way they are set up.

Rest assured, your coverage is fine. If I can be of further assistance, let me know.

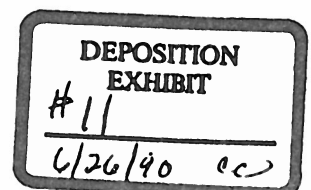
Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:jm

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205



NL

May 6, 1986

Mrs. Helen C. Huette
33 Union Street
Batavia, N.Y. 14020

Dear Mrs. Huette:

We were very sorry to hear of the death of your husband, Mr. Raymond Huette, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$10,000
- o A survivor pension in the amount of \$370.15 per month.

Any pension checks payable to Mr. Huette, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:vs

NL

July 7, 1986

Mr. Vincent Gomborone
121 - 148th Ave. E.
Madeira Beach, FL 33708

Dear Mr. Gomborone:

Upon your death, your spouse would be entitled to a total monthly survivor benefit of \$141.98 from the Batavia Grand Rapids Retirement Plan.

I have enclosed a booklet which outlines your Blue Cross Blue Shield coverage. The booklets you previously received do not apply to you, please discard them. Should you pre-decease your wife, her medical coverage will continue for the rest of her life or remarriage.

In the event of your death, the office at the address below should be contacted. Any further questions regarding pension benefits should be directed to me (713) 987-5469. All life and medical insurance questions should be directed to Christine Pacatte (713) 987-4848.

Sincerely,

Suellen Crawford
Suellen Crawford

SC/csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16977

NL

July 8, 1986

Mrs. Barbara Crow
2350 Englewood Dr., S.E.
Grand Rapids, MI 49506

Dear Mrs. Crow:

We were very sorry to hear of the death of your husband, Mr. Joseph Crow, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2,800
- o A survivor pension in the amount of \$176.15 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Crow, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18814

NL

July 28, 1986

Mrs. Arlene Ormiston
9406 Alexander Rd.
Alexander, NY 14005

Dear Mrs. Ormiston:

We were very sorry to hear of the death of your husband, Mr. Kenneth Ormiston, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

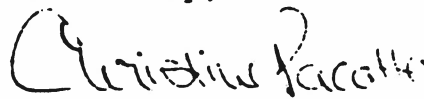
- o Life insurance in the amount of \$2800
- o A survivor pension in the amount of \$133.66 per month.
- o Partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Ormiston, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

N 18990

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NL

December 31, 1986

Mrs. Mertine Finney
785 Andover SE
Kentwood, MI 49508

Dear Mrs. Finney:

We were very sorry to hear of the death of your husband, Mr. John Finney, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$8400.
- o A survivor pension in the amount of \$209.09 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Finney, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18857

Note - We have received a copy of letter and on the 30th of Jan.

Dated Feb 11, 1987

11043 Alexander Rd.
Attica, N.Y. 14011
Jan 19, 1987

N L Industries, Inc.
3000 North Bell East
P.O. Box 60087
Houston, Texas 77205

Dear Sir,

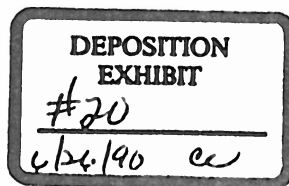
We are writing regarding Blue Cross - Blue Shield Coverage for Leo L. Pelton 074-12-4664 and his wife, Pauline K. Pelton 086-20-6219.

Upon inquiry, over the phone on January 19, 1987, Subscriber Service of Blue Cross, Blue Shield stated that Pauline's Blue Cross and Blue Shield coverage was dropped on Dec 1, 1984. This would have been when Leo turned 65 and received Medicare.

When Leo retired, it was understood that the coverage would include Pauline. We cannot recall ever receiving any different information. Please send any pertinent information.

Sincerely yours,

copy to Northern Trust Company Pauline Pelton
Chicago, Illinois



NL

January 7, 1987

Mrs. Freda Ekholm
204 58th St. S.E.
Grand Rapids, MI 49508

Dear Mrs. Ekholm:

We were very sorry to hear of the death of your husband, Mr. Arnold Ekholm, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2250.
- o A survivor pension in the amount of \$121.86 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Ekholm, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18852

NL

January 13, 1987

.....
Mrs. Clara Bower
3376 Clyde Park Ave. S.W.
Wyoming, MI 49509

Dear Mrs. Bower:

We were very sorry to hear of the death of your husband, Mr. Milton Bower, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$1350.
- o A survivor pension in the amount of \$70.19 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Bower, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:cmf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18767

NL

January 15, 1987

Mrs. Dorothy McGee
1652 Leonard St. N.E. Apt. 317
Grand Rapids, MI 49505

Dear Mrs. McGee:

We were very sorry to hear of the death of your husband, Mr. Robert McGee, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$6300.
- o A survivor pension in the amount of \$105.54 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. McGee, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL

January 29, 1987

Mr. Robert Conway
17 Dellinger Ave.
Batavia, NY 14020

Dear Mr. Conway:

In response to your recent letter concerning your Blue Cross/Blue Shield cards, let me explain how the codes work.

When you have a retiree and spouse, both under age 65, they should be in a family contract in group 66044 under the retiree's name and social security number.

When the retiree turns 65 and the spouse is still under 65, the contract for the retiree changes to single group number 66042. The spouse is enrolled in her own single contract, group 66044, with her name and her social security number. (If there are dependent children involved the spouse's contract will be for a family).

When both the spouse and retiree are over 65 there are two single contracts in each of their names and social security numbers in group 66042.

If you can provide me with a list of names and social security numbers of those who want to replace their worn cards, I will be glad to request them from Blue Cross/Blue Shield.

I am also enclosing a few copies of the booklet that outlines the benefits covered by Blue Cross/Blue Shield, please feel free to distribute them to the Doehler retirees who want them and if you need more, let me know.

I hope this information helps you out. Let me know if I can be of further assistance.

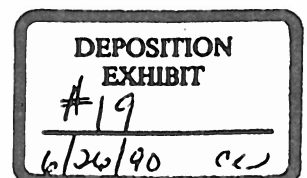
Sincerely,

Christine Pacatte
Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205



NL

March 23, 1987

Mrs. Marianna Cook
831 Watkins S.E.
Grand Rapids, MI 49507

Dear Mrs. Cook:

In response to your recent letter concerning your benefits.

1. Your medical benefits will continue beyond age 65. The difference will be that your bills will first be considered by Medicare. The amount Medicare pays will be reduced by what Blue Cross/Blue Shield pays.
2. Should Mr. Cook pre-decease you, your medical benefits will continue for the rest of your life or remarriage.
3. Mr. Cook has a life insurance policy in the amount of \$2,800 of which you are the beneficiary.

You will also receive a surviving spouse pension benefit in the amount of \$174.15 plus \$9.70 for partial Medicare premium reimbursement for a total of \$183.85 per month.

I hope this answers your questions. If I can be of further assistance, let me know.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16990

NL

February 2, 1987

Mrs. Ruby Humes
2214 W. Imperial Highway Apt. #2
Inglewood, CA 90303

Dear Mrs. Humes:

We were very sorry to hear of the death of your husband, Mr. Isiah Humes, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2260.
- o A survivor pension in the amount of \$105.41 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Humes, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with a certified copy of the death certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18909

NL

February 11, 1987

Mr. Henry P. Hendricks
7744 Hollyhock
Jenison, MI 49428

Dear Mr. Hendricks:

Per my conversation with your wife, this letter will serve as verification that your pension is paid in the form of a 55% survivor benefit.

Should your wife, Colleen, survive you, she would receive a monthly benefit equal to 55% of your basic benefit (\$146.43) plus a partial medicare premium reimbursement (\$9.70) for a total of \$156.13 per month for her lifetime.

At the time you retired, you had a life insurance policy in the amount of \$7500.00. Upon attaining age 65 this policy began reducing by \$150.00 per month and will continue until it reaches a minimum of \$2800.00.

Should you predecease your wife, her medical coverage will continue for the rest of her life or remarriage.

Sincerely,

Debra L. Stone

Debra L. Stone
Benefits Administrator

DLS:csf

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N: 16987

NL

February 19, 1987

Mrs. Pauline Pelton
11043 Alexander Rd.
Attica, NY 14011

Dear Mrs. Pelton:

In response to your recent letter concerning medical coverage through Blue Cross/Blue Shield. You are correct to assume that you have medical coverage.

In December 1984 when Mr. Pelton turned 65 he was enrolled in a single contract in group 66042. At the same time you should have been enrolled in your own single contract in group 66044. (The coverage for both groups is the same just one, 66042 for those with Medicare and 66044 for those without Medicare). Evidently you were not enrolled.

This was an oversight on our part. As you can see from the attached letter we have requested that Blue Cross/Blue Shield reinstate your coverage, issue you new I.D. cards and bill us for the back premiums.

I apologize for the inconvenience this may have caused. It will probably be two to four weeks before I get the cards from Blue Cross/Blue Shield.

If you have further questions, let me know. My telephone number is 713/987-4848, I will accept a collect call.

Sincerely,

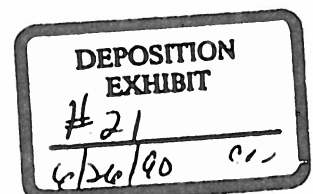
Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Attachment

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205



NL

April 6, 1987

Mrs. Georgia Deremiah
151 N. Kembrook SE
Grand Rapids, MI 49508

Dear Mrs. Deremiah:

We were very sorry to hear of the death of your husband, Mr. John Deremiah, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2,800.
- o A survivor pension in the amount of \$172.03 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Deremiah, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,


Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

N 18828

NL

April 6, 1987

Mrs. Edith White
1021 Patterson S.E.
Grand Rapids, MI 49506

Dear Mrs. White:

We were very sorry to hear of the death of your husband, Mr. Milford White, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

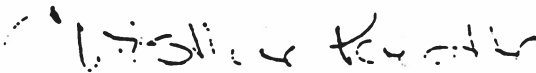
- o Life insurance in the amount of \$2,800.
- o A survivor pension in the amount of \$168.50 per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. White, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,


Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087. Houston, Texas 77205 Tel. (713) 987-4000

19265

NL

April 13, 1987

Mrs. Theresa DiFazio
8 Linwood Ave.
Batavia, NY 14020

Dear Mrs. DiFazio:

We were very sorry to hear of the death of your husband, Mr. Sam DiFazio, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

- o Life insurance in the amount of \$2,000.
- o A survivor pension in the amount of \$135.53 per month.✓
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.✓
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. DiFazio, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte
Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.

3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

N 18835

NL

April 20, 1987

Mrs. Grace Battaglia
13 School St.
Batavia, NY 14020

Dear Mrs. Battaglia:

We were very sorry to hear of the death of your husband, Mr. Frank Battaglia, please accept our sincere sympathy.

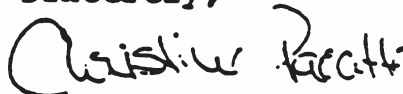
In reviewing my records, I found that Mr. Battaglia had a life insurance policy in the amount of \$2,250, of which you are the beneficiary. In order to process this claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for the rest of your life or remarriage.

There are no survivor pension benefits available, therefore, the May check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

N 18671

NL

April 27, 1987

Mrs. Patricia Amidon
Colby Rd. RFD #2
Corfu, NY 14036

Dear Mrs. Amidon:

We were very sorry to hear of the death of your husband, Mr. Douglas Amidon, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

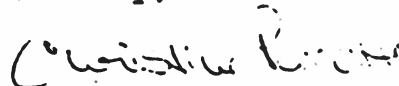
- o Life insurance in the amount of \$11,000.
- o A survivor pension in the amount of \$224.00 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Amidon, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
3000 North Belt East, P.O. Box 60087, Houston, Texas 77205 Tel. (713) 987-4000

N 18712

NL

May 13, 1987

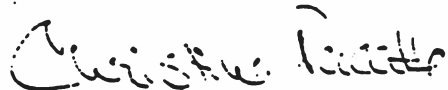
Mr. Herbert Brandes
Sweetland Rd.
Stafford, NY 14143

Dear Mr. Brandes:

This letter will verify that you have a group life insurance policy in the amount of \$1575.00 of which your wife, Anna, is beneficiary. Should you predecease Mrs. Brandes she will have continued medical coverage for the rest of her life or remarriage.

In the event of your death, this office should be notified as soon as possible. My telephone number is 713/987-4848 and the address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

NI 16992

NL

May 15, 1987

Mrs. Josephine Pagano
163 Jackson St.
Batavia, NY 14020

Dear Mrs. Pagano:

We were very sorry to hear of the death of your husband, Mr. Anthony Pagano, please accept our sincere sympathy.

In reviewing my records I found that Mr. Pagano had a life insurance policy in the amount of \$1,650, of which you are the beneficiary. In order to process this claim, I will need you to complete the enclosed Life Insurance Claim Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for the rest of your life or remarriage.

There are no survivor pension benefits available, therefore, the June check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte

Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 19011

NL

DATE 05/28/87

Mrs. Frank Joy
12 Genesee St. Apt. #11 F
Le Roy, NY 14482

Dear Mrs. Joy,

We were very sorry to hear of the death of your husband, Mr. Frank Joy, please accept our sincere sympathy.

In reviewing my records, I found that Mr. Joy had a life insurance policy in the amount of \$2,000.00, of which you are the beneficiary. In order to process this claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

Your medical coverage will continue for the rest of your life or remarriage.

There are no survivor pension benefits available, therefore, the June check and any checks received thereafter, should be returned.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,

Christine Pacatte
Group Insurance Administrator

CP:dmw

NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18915

NL

June 1, 1987

Mrs. Elnora Cesarano
44 Clifton Ave.
Batavia, NY 14020

Dear Mrs. Cesarano,

We were very sorry to hear of the death of your husband, Mr. Frank Cesarano, please accept our sincere sympathy.

In reviewing my records, I found you are entitled to the following benefits:

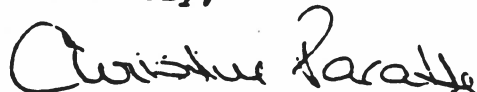
- o Life insurance in the amount of \$2,000.00
- o A survivor pension in the amount of ~~\$91.35~~ ^{100.48} per month.
- o A partial reimbursement for Medicare premiums in the amount of \$9.70 per month.
- o Continued medical coverage for the rest of your life or until you remarry.

Any pension checks payable to Mr. Cesarano, received subsequent to his death, should be returned.

In order to process the life insurance claim, I will need you to complete the enclosed Proof of Death Form, Claimant's Statement Section, and return to me intact along with the original or certified copy of the Death Certificate. Also, if you can locate the original Insurance Certificate, please include it.

If you have any questions, please do not hesitate to call. My number is (713) 987-4848, my address is below.

Sincerely,



Christine Pacatte
Group Insurance Administrator

CP:csf

Enclosure
NL Industries, Inc.
P.O. Box 60087, Houston, Texas 77205

N 18794