



Massey-Ferguson Inc.

Detroit 15, Michigan

July 25, 1968

Mr. Crockett White
P.O. Box 201
Mulberry, Arkansas 72947

Dear Mr. White:

Enclosed is an enrollment card for hospitalization coverage for yourself and your eligible dependents. Please sign the card and return it to my attention as soon as possible.

For your information and understanding of this coverage, we are insuring you even though you did not qualify for pension benefits due to insufficient credited years of service with the stipulation that you must enroll for Medicare A & B for yourself and your wife (if eligible) before claiming benefits from us.

Again, this is for health insurance only; you are not insured for life insurance. Of course, this coverage is at no cost to you.

Very truly yours,

H. M. Patterson
Personnel Department

HOURLY PERSONNEL
Massey-Ferguson, Inc.
T & A PLANT
P. O. BOX 322
DETROIT, MICH. 48232

Time 838-2000

377-07.1408

M 021336

♦♦
MASFERG TA DET

MASFERG INC DMS

9 DMINF MF DET T & A

B MOUSSEAU

RE WALTER LINDOW

LIFE INSURANCE AS DISCUSSED CLAIM SHOULD BE SUBMITTED

EFFECTIVE DECEMBER 1 1969 MRS. LINDOW WILL RECEIVE

100 DLRS PER MONTH TRANSITION BENEFIT IN ACCORDANCE WITH

SECTION 2.01 /C/ /1/ OF INSURANCE AGREEMENT. A

CLAIM SHOULD BE SUBMITTED TO MRS. B MADISON FOR

THIS BENEFIT. AFTER EXHAUSTION OF TRANSITION BENEFIT

SHE WILL RECEIVE 32.00 DLRS PER MONTH SURVIVOR PENSION

IN ACCORDANCE WITH SECTION 3.05 /A/ OF PENSION

AGREEMENT. MRS. LINDOW WILL RECEIVE ^{HEALTH} HELTH INSURANCE

COVERAGE FOR REMAINDER OF HER LIFETIME COMPANY PAID.

M A SNEDDEN MASFERG INC.

12 8 69 1125A CST

IN THE 10THLINE OF TEXT YTXXXXX 6TH WORD SHUD READ

HEALTH INSTEAT OF HELTH SORRY ABOUT THAT.

THANK YOU

MEMORANDUM

March 26, 1973

To: Ms. Carol Jarvis - Des Moines
From: Mr. B. F. Mousseau - Detroit
Subject: PENSION, LIFE AND SURVIVOR INCOME BENEFITS

Enclosed are the necessary forms to process the claim of one of our deceased employees - Edward C. Bealeau #3264 - T&AP, who passed away on March 15, 1973.

Mrs. Adela O. Bealeau, wife of the deceased, is eligible for survivor income benefits, life insurance and a survivor benefit pension.

Mrs. Bealeau and her son will be able to continue in group health insurance program under the pension agreement and will not be required to pay any premium for this coverage.

Please have the life insurance check forwarded to the P&IR Department, T&AP for delivery to Mrs. Bealeau.

B. F. Mousseau
B. F. Mousseau

BFM:ngs

M 8-23-10
F 3-10-17

l.d.w.
3-13-73

10.98 em 8 1972
.20

11-1-75 \$8.85

4-1-78 \$10.60 94%

M 014953

11.18 x 10.60 x 94 x 55 \$61.27

October 11, 1973

Mrs. Velva Wiernass
6644 Highway 31
Racine, Wisconsin 53402

Dear Mrs. Wiernass:

Please be advised that your transition benefit expires with the payment due November 1, 1973.

Effective December 1, 1973, you will receive a monthly pension benefit in the amount of \$103.93. This check will be mailed to you from Continental Illinois National Bank & Trust Co. of Chicago.

You will continue to have free health insurance at the expense of Massey-Ferguson.

If you have any questions, please feel free to advise.

Yours very truly,

Carol Jarvis
Employee Benefits Assistant

CJ/cw

M 021404

April 26, 1976

Mrs. Stanley Przybylowicz
6863 Penrod
Detroit, Michigan 48228

Dear Mrs. Przybylowicz:

I wish to express our sincere condolences on the passing of your husband.

We take this opportunity to inform you that effective May 1, 1976, you will be receiving a monthly Survivor Pension benefit in the amount of \$136.20.

Your health insurance is continued at the expense of Massey-Ferguson, integrating with Medicare at age 65.

Please advise if you have not received a Proof of Death claim form from our Detroit Office upon which to claim the life insurance proceeds amounting to \$3,619.20.

Yours very truly,

Carol Jarvis
Employee Benefits Assistant

CJ/rt

M 019560

January 10, 1979

Mrs. Peter Harvat
7046 Neckal
Dearborn, Michigan 48126

Dear Mrs. Harvat:

We were sorry to learn of your bereavement. Please accept our sincere condolences.

You are the beneficiary of your husband's National Life Assurance Company of Canada Insurance Policy Number G641302 in the amount of \$9,436.00. Both the Physician's Statement and Claimant's Certificate on the enclosed Proof of Death form must be completed and the form returned to me before payment can be made.

Your husband's monthly pension ceased with the December payment. Effective January 1, 1979, you will receive a survivor pension benefit in the amount of \$149.14.

You will continue to have the same health and dental coverage at the expense of Massey-Ferguson.

Massey-Ferguson will reimburse you for the amount you pay out for the Medicare Part 'B' coverage. You must provide a copy of your Medicare card as proof of coverage and your current address. This should be done annually. Send this to my attention for handling.

If you have any questions, please feel free to advise.

Yours very truly,

C. Jarvis
Employee Benefits Specialist

CJ:na
Enclosure

M 017121



Massey-Ferguson Inc.

1991 Elm Ave. St. Louis, Mo. 63103

May 16, 1979

Mrs. Nelda J. Radzom
9340 Salem
Detroit, Michigan 48239

Dear Mrs. Radzom:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences to you on the recent death of your husband.

Massey-Ferguson's insurance and pension plans will provide you with the following:

Proceeds from Group Life Insurance
A Survivor Pension
Continued Health Care Benefits

The Massey-Ferguson Group Life Insurance carried by your husband stipulates Nelda J. Radzom as beneficiary. The insurance has a face value of \$40,094.60. Enclosed is the form necessary to process this claim. Please have your husband's attending physician complete the Physician's Statement, and would you please complete the Claimant's Certificate on the reverse side of the form. The completed form should be returned to me at the above address.

The company's pension plan will provide you with a monthly benefit in the amount of \$242.45 for the rest of your life. The pension benefit will begin June 1, 1979 and will be paid by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, Wisconsin 53201

M 019617

Mrs. Nelda J. Radzom
J. B. Wellman
May 16, 1979
Page -2-

As a survivor of an MF pensioner, you will continue to be eligible for company paid health and dental benefits for the rest of your life. The benefits are outlined in the enclosed booklet. Please provide us with your Social Security number so that we can enroll you in the various programs.

Mrs. Radzom, if you have any questions or we can be of any assistance now or in the future, please call at 515/247-2369.

Sincerely,

J. B. Wellman
Employee Benefits Specialist

Enclosure

M 019618



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

June 18, 1982

Mrs. Minnie D. Adcox
426 Oriole Circle
Clarksville, TN 37040

Dear Mrs. Adcox:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .Free coverage under the Massey-Ferguson Health Plans

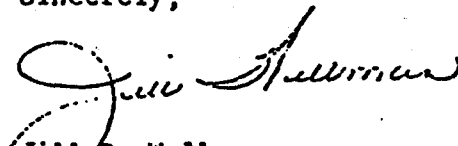
The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary Minnie D. Adcox, Wife. The insurance has a face value of \$2000.00. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your Husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed form should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

Mr. Adcox, at the time of his retirement in 1968, elected a Normal Lifetime Pension; therefore, benefits from the Massey-Ferguson Pension Plan cease with his death.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Adcox, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247 2369.

Sincerely,


Jill B. Wellman
Personnel Administrator

Enc.

M 014598



Massey-Ferguson Limited

1000 ...
...

May 3, 1983

Mrs. Leonide J. Cospers,
3420 Orcutt Drive,
Copley, Ohio 44321.

Dear Mrs. Cospers:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free coverage under the Massey-Ferguson Health Plans.

The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary LEONIDE J. COSPER, Wife. The insurance has a face value of \$17,742.40. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form. A Death Certificate from the Bureau of Vital Statistics has been received. Therefore, it is not necessary for you to have the attending Physician's Statement completed. The completed form should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$99.74 beginning April 1, 1983. This check will be issued by:

First Wisconsin Trust Company,
P.O. Box 2054,
Milwaukee, Wisconsin 53201.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

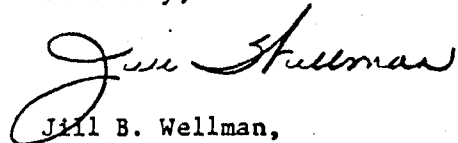
M 015672

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson-John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the appropriate premium to your monthly pension benefit.

Mrs. Cosper, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 416 593-3893.

Sincerely,



Jill B. Wellman,
Employee Benefits Manager.

JBW:
Encls.

M 015673



Massey-Ferguson Inc.

October 13, 1983

Mrs. Ida Shelley
1258 Welsh Avenue
Akron, OH 44314

Dear Mrs. Shelley:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free Coverage Under the Massey-Ferguson Health Plans

The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary Ida M. Shelley, Wife. The insurance has a face value of \$23,358.40. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your Husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed form should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$140.42 beginning November 1, 1983. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson-John Hancock plan will consider payment on the charges not covered by Medicare.

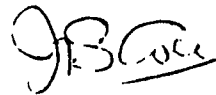
M 020134

Mrs. Ida Shelley
October 13, 1983
Page - 2 -

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the premium to your monthly pension benefit.

Mrs. Shelley, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 247 2647.

Sincerely,



J.B. Cole
Benefits Administration Manager

Enc.

M 020135



October 25, 1983

Mrs. Dorothy Foldi
1215 Sparhawk
Akron, OH 44305

Dear Mrs. Foldi:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A Survivor Pension Benefit
- .Free Coverage Under the Massey-Ferguson Health Plans

The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary Dorothy Foldi, Wife. The insurance has a face value of \$19,115.20. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your Husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed form should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$108.16 beginning November 1, 1983. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the premium to your monthly pension benefit.

Mrs. Foldi, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 247 2647.

Sincerely,

J.B. Cole
Benefits Administration Manager

M 016381

Enc.



Massey-Ferguson Inc.

1901 First Avenue, Des Moines, Iowa 50319

December 21, 1983

Mrs. Gertrude Erickson
2175 Gibraltar
Spring Hill, FL 33526

Dear Mrs. Erickson:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free coverage under the Massey-Ferguson Health Plans.

The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary Gertrude Erickson, Wife. The insurance has a face value of \$9831.50. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your Husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed form should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$174.88 beginning January 1, 1984. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

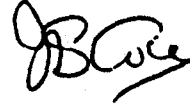
Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B allowance of \$12.20.

M 016172

Mrs. Gertrude Erickson
December 21, 1983
Page - 2 -

Mrs. Erickson, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 247 2647.

Sincerely,

A handwritten signature in dark ink, appearing to read "J.B. Cole". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

J.B. Cole
Benefits Administration Manager

Enc.

M 014173



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1007 • (515) 281-7000

May 7, 1984

Mrs. Virginia Powell
RR 4
Indianola, IA 50125

Dear Mrs. Powell:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your Husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A Survivor Pension Benefit
- .Free Coverage Under the Massey-Ferguson Health Plans

The Massey-Ferguson Group Life Insurance carried by your late Husband stipulates as beneficiary Virginia Powell, Wife. The insurance has a face value of \$22,921.60. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form, and have your Husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. Would you also complete Form W9 to ensure payment of any interest that is payable. The completed forms should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$118.28 beginning June 1, 1984. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson-John Hancock Plan will consider payment on the charges not covered by Medicare.

M 019523

Mrs. Virginia Powell

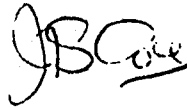
May 7, 1984

Page - 2 -

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the premium to your monthly pension benefit.

Mrs. Powell, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 247 2647.

Sincerely,



J.B. Cole
Benefits Administration Manager

Enc.

M 019524



Massey-Ferguson Inc.

December 10, 1984

Mrs. Halina Hilton
9389 Marlborough
Allen Park, MI 48101

Dear Mrs. Hilton:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free Coverage Under the Massey-Ferguson Health Plans

The Massey-Ferguson Group Life Insurance carried by your late husband stipulates as beneficiary Halina A. Hilton, wife. The insurance has a face value of \$3000.00. Enclosed is the form necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A Death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. Form W9 should also be completed to ensure receipt of accrued interest on the policy, and the completed forms returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$224.26 beginning December 1, 1984. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson-John Hancock plan will consider payment on the charges not covered by Medicare.

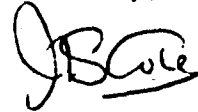
M 017312

Mrs. Halina Hilton
December 10, 1984
Page - 2 -

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the premium to your monthly pension benefit.

Mrs. Hilton, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 247 2647.

Sincerely,



J.B. Cole
Benefits Administration Manager

Enc.

M 017313



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50319 • (515) 247-2911

June 18, 1985

Mrs. Chlois Dittman
RR 1
Campbellsburg, IN 47108

Dear Mrs. Dittman:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

I am sorry for the delay in responding to your letter, but it only reached me yesterday.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free Coverage Under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Chlois Dittman, wife. The insurance has a face value of \$2,000. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. Form W-9 should also be completed, using your Social Security Number. This will ensure payment of any interest that may be payable on the insurance. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$82.80, beginning June 1, 1985. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, WI 53201

Would you please return the June check issued to Mr. Dittman.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

0000801

Mrs. Chlois Dittman
June 18, 1985
Page - 2 -

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will contribute towards the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B contribution of \$13.50, as specified in the Pension Agreement.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "J.B. Cole". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

J.B. Cole
Benefits Administration Manager

Enc.

0000802



Massey-Ferguson Inc.

1921 Bell Avenue Massey-Ferguson Inc. 1921 Bell Avenue

July 10, 1985

Mrs. Ruby West
18403 Washburn
Detroit, Mi. 48221

Dear Mrs. West:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A Survivor Pension Benefit
- . Free Coverage under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by Mr. West has a face value of \$24,835.20. Due to an incorrect beneficiary designation, this amount will be payable to the Estate of Mr. West, and letters of administration will be required.

I enclose a life insurance form. Would you please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$164.33 beginning July 1, 1985. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, Wisconsin 53201

In accordance with our telephone conversation, would you please forward a check for \$553.48 payable to the First Wisconsin Trust Company.

M 021282

Mrs. Ruby West
July 10, 1985
Page two . . .

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson-John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution towards the premium.

Mrs. West, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 - 247 - 2647.

Sincerely,



J. B. Cole
Pension/Benefits
Administration Manager

Encl.

M 021283



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50317 • (515) 261-1011

August 26, 1985

Mrs. Grace Weir
23130 Deziel
St. Clair Shores, Michigan 48082

Dear Mrs. Weir:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A Survivor Pension Benefit
- .Free coverage under the Massey-Ferguson Health Benefits Plan

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Gracie A. Weir, wife. The insurance has a face value of \$4,424.64. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$202.80 beginning September 1, 1985. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 021223

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add the contribution of \$13.50 towards the premium to your monthly pension benefit.

Mrs. Weir, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Personnel Administrator

Enclosures

H 021224



Massey-Ferguson Inc.

1991 Bell Avenue, Des Moines, Iowa 50315, U.S.A. • Tel. 515 281 1000

September 26, 1985

Mrs. Amelia Yonish
24615 Riverdale
Dearborn, Michigan 48124

Dear Mrs. Yonish:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A Survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Amelia Yonish, wife. The insurance has a face value of \$2,964.72. The completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$135.88 beginning October 1, 1985. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 021657

Mrs. Amelia Yonish
Page 2

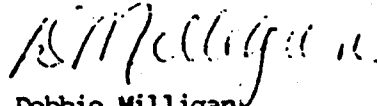
Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Mrs. Yonish, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely, .



Debbie Milligan
Human Resources Administrator

Enclosures

M 021658



Massey-Ferguson Inc.

October 1, 1985

Mrs. Dorothy Stancato
4960 Opal, Apt. #127
Detroit, Michigan 48236

Dear Mrs. Stancato:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Dorothy Stancato, wife. The insurance has a face value of \$2,899.20. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$146.88 beginning in October, 1985. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 020449

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount above should include the current Medicare Part B premium of \$13.50.

Mrs. Stancato, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.



Massey-Ferguson, Inc.

October 3, 1985

Mrs. Margaret I. Mirch
4646 Mead Avenue
Dearborn, Michigan 48126

Dear Mrs. Mirch:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .Free coverage under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Margaret I Mirch, wife. The insurance has a face value of \$4347.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

Mr. Mirch, at the time of his retirement in January, 1970, elected a Normal Lifetime Pension; therefore, benefits from the Massey-Ferguson Pension Plan ceases with Mr. Mirch's death.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare

M 018810

Page -2-

will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

Mrs. Mirch, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

A handwritten signature in cursive script, appearing to read "D Milligan".

Debbie Milligan
Human Resources Administrator

Enc.

M 018811



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

October 8, 1985

Mrs. Anna C. Laslo
7305 Cahalan
Detroit, Michigan 48209

Dear Mrs. Laslo:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Anna C. Laslo, wife. The insurance has a face value of \$3767.52. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$186.18 beginning November 1, 1985. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Please provide us with your Social Security Number so that we can complete our files.

Mrs. Laslo, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely



Debbie Milligan

Human Resources Administrator

Enc.



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

October 21, 1985

Mr. Robert Salowitz
7005 Bevens Road
Deford, MI 48729

Dear Mr. Salowitz:

Thank you for your recent letter.

Under the option that you elected when you retired, Mrs. Phyllis Salowitz would receive a monthly survivor pension of \$84.53. Your life insurance amounts to \$2,000. I cannot find a life insurance card and I am enclosing a card for you to complete and return to me in the enclosed envelope.

Mrs. Salowitz would qualify for the health benefit, as a survivor at no cost to her.

The new prescription cards have been ordered, and will be mailed to you upon receipt.

Sincerely,

J.B. Cole
Benefits Administration Manager

Enc.

M 019984



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

October 24, 1985

Mrs. Marguerite Heath
8816 Coulter
Dearborn, Michigan 48126

Dear Mrs. Heath:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Marguerite Heath, wife. The insurance has a face value of \$4069.08. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension plan benefit in the amount of \$237.50 beginning in November. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 017182

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65, and therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part 'B'. The pension amount above includes the current Medicare Part 'B' premium of \$13.50.

Mrs. Heath, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

Massey FergusonTO Delaware

DEPT. _____

LOCATION _____

RETURN

TO Randy

DEPT. _____

LOCATION _____

SUBJECT: Joe Louis Robinson - Detroit Hourly RetireeDATE: - 11-26-83

FOLD ↑

J. Robinson died - was on pension disability?Did he elect survivor option? What is his wife's
current benefit eligibility? If any.I need to respond to Jack Denny.

PLEASE REPLY TO →

SIGNED

RHR.

Joe died 9/16/83. Was on Medical Retirement.
She is on T&B. Can't elect survivor option
under age 60 if on Medical Retirement.
She will have free benefits (Medical) /

DATE _____

SIGNED _____

SEND WHITE AND PINK COPIES WITH CARBONS INTACT.

PINK COPY WILL BE RETURNED WITH REPLY.

PRINTED IN U.S.A.



Massey-Ferguson Inc.

1301 Bell Avenue Des Moines, Iowa 50315-1007 • 319/241-1001

January 7, 1986

Mrs. D. Kosmalski
36059 Leon
Livonia, MI. 48150

Dear Mrs. Kosmalski:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A survivor pension benefit
- . Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Delores Kosmalski, wife. The insurance has a face value of \$4,875.12. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$223.44 beginning January 1, 1986. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, Wisconsin 53201

M 017984

Mrs. D. Kosmalski
January 7, 1986
Page two

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payer and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please provide us with copies of your birth and marriage certificates so that we can complete our file.

Mrs. Kosmalski, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 - 247 - 2163.

Sincerely,



Debbie Milligan
Personnel Administrator

Enclosures

M 017985



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

January 7, 1986

Mrs. B. R. Cunningham
4038 E. Sweetwater
Phoenix, AZ. 85032

Dear Mrs. Cunningham:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from Group Life Insurance
- . A survivor pension benefit
- . Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Betty R. Cunningham, wife. The insurance has a face value of \$4,223.52. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$193.58 beginning January 1, 1986. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, Wisconsin 53201

M 015756

Mrs. B. R. Cunningham
January 7, 1986
Page two

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payer, and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please provide us with copies of your birth and marriage certificates so that we can complete our file.

Mrs. Cunningham, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 515 - 247 - 2163.

Sincerely,



Debbie Milligan
Personnel Administrator

Enclosures

M 015757



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247 2011

January 14, 1986

Mrs. Edith V. Shatto
7365 Woodview Drive
Apt. #4
Westland, Michigan 48185

Dear Mrs. Shatto:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Edith V. Shatto, wife. The insurance has a face value of \$4776.84. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form. We have already received a copy of the death certificate. The completed forms should be returned to my attention, a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$232.44 beginning in January, 1986. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 020119

E. V. Shatto
Page 2

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in the plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Please provide us with copies of your birth and marriage certificates; so that we can complete our files.

Mrs. Shatto, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 020120



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines Iowa 50315-1097 • (515) 247 2011

January 28, 1986

Mrs. Arta M. Channel
17844 Hull Street
Detroit, Michigan 48203

Dear Mrs. Channel:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Arta M. Channel, wife. The insurance has a face value of \$2,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-address envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$82.12 beginning in February. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 015438

Mrs. Arta Channel
Page 2

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment of the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please provide us with copies of your birth and marriage certificates so that we can complete our file.

Mrs. Channel, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 015439



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

February 19, 1986

Mr. George J. Meyer
1399 Pingree
Lincoln Park, Michigan 48146

Dear Mr. Meyer:

Thank you for your recent phone call asking about your wife's insurance coverage.

Please forward to my attention your wife's name, date of birth, her social security number and a copy of your marriage certificate for our records.

Also, be aware that when you retired in May of 1968, you did not elect a survivor option. Your wife will have medical benefits for the rest of her life but she will not receive a pension.

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

Sincerely,

Debbie Milligan
Human Resources Administrator

M 018751



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247-2011

February 20, 1986

Mr. William Krawczyk
34472 Koch
Sterling Heights, Michigan 48077

Dear Mr. Krawczyk:

Thank you for your note inquiring about your wife's benefits.

Your life insurance policy with Massey-Ferguson is payable to Angeline Krawczyk in the amount of \$4,365.60. Mrs. Krawczyk would receive a survivor benefit in the amount of \$200.09 plus free medical, dental, vision and hearing aid benefits.

The control number for medical claims should be on all the medical claim forms. The control number is 06509/00.

If we can be of any further assistance, please let us know.

Sincerely,

Debbie Milligan

Human Resources Administrator

M 018025



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247 2011

March 25, 1986

Mrs. Corinne A. Snider
13237 Venness
Southgate, Michigan 48195

Dear Mrs. Snider:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health benefit plans

We can not find the life insurance card Mr. Snider signed when he went on retirement. The main purpose of this card is to designate his beneficiary. The laws in the State of Michigan require us to make the check payable as follows: Administrator of the Estate, Thomas R. Snider, for the Estate of Ronald U. Snider. Mr. Snider's life insurance has a face value of \$25,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$201.16 beginning in ~~March~~, 1986. This check will be issued by:

APRIL

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 020338

Mrs. Corinne A. Snider

Page 2

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for the Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please include a copy of the legal document that names your son, Thomas R. Snider, the Administrator of his father's estate. This will be needed before you can receive your check.

It will take approximately 3-4 weeks after we receive the enclosed forms back before you can expect a check.

Mrs. Snider, if you have any questions or if we can be of any further assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

cc: Paul Longton, Attorney
2047 Ford Avenue
Wyandotte, Mi. 48192

M 020339



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315 1097 • 515 247 1011

April 17, 1986

Mrs. Phyllis A. Salowitz
7005 Bevens
Deford, MI. 48729

Dear Mrs. Salowitz:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Phyllis J. Salowitz, wife. The insurance has a face value of \$2,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$98.03 beginning in May, 1986. The check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 019982

Mrs. Phyllis A. Salowitz
Page -2-

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Salowitz, I am having your pension checks mailed to your daughter's home. Please advise us when you wish the checks mailed to your home.

If you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely, .



Debbie Milligan
Human Resources Administrator

Enc.

M 019983



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines Iowa 50315-1097 • 515 247 2011

May 28, 1986

Mrs. Helen M. Cesarek
1111 E. Limberlost #119
Tucson, Arizona 85719

Dear Mrs. Cesarek:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .Free coverage under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Helen M. Cesarek, wife. The insurance has a face value of \$2421.96. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. But please complete the back side of the form anyway for our records.

Mr. Cesarek, at the time of his retirement in August, 1975, elected a Normal Lifetime Pension; therefore, benefits from the Massey-Ferguson Pension Plan cease with his death.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 015426

H. M. Cesarek
Page -2-

Please return Mr. Cesarek's June pension check to my attention in the enclosed envelope.

Mrs. Cesarek, please find enclosed some additional Medical forms.

If you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 015427



Massey-Ferguson Inc.

June 25, 1986

Mrs. Mary Chaney
21127 Kenmore
Harper Woods, Michigan 48236

Dear Mrs. Chaney:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Mrs. Mary T. Chaney, wife. The insurance has a face value of \$2,470.32. Please complete the Claimant's Certificate on the reverse side of the form and return it to be attention in the enclosed self addressed envelope.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$113.22 beginning in July. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Please return Mr. Chaney's June pension check along with the forms to be returned to me.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it my attention so that the coverage can be transferred to your name.

M 015434

Mrs. Mary Chaney

Page -2-

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in the plan. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The amount of your pension will be increased from \$113.22 to \$126.72. The current Medicare Part B Premium is \$13.50.

Mrs. Chaney, if you have already returned Mr. Chaney's June pension check, please let me know and I make sure your Survivor's pension includes the month of June.

If you have any questions or if I can be of any assistance to you now or in the future, please contact this office at (515) 247-2163. I am also including some insurance claim forms for your use.

Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

Enc.

M 015435



Massey-Ferguson Inc.

1901 Bell Avenue, Des Moines, Iowa 50315-1097 • (515) 247 2111

July 22, 1986

Mrs. Anne Mathews
V-104, Rt. 2
Boyer City, Mi. 49172

Dear Mrs. Mathews:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Anne Mathews, wife. The insurance has a face value of \$4,134.84. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the physician's statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. Please complete the reverse side of the form in either case. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$203.01 beginning in August, 1986. The check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 018547

Mrs. Anne Mathews

Page -2-

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Mathews, if you have any questions or if we can be of any further assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 018548



Massey-Ferguson Inc.

1001 14th Avenue, S.E. - Moines, Iowa 50315 1597 • (515) 247 2011

August 8, 1986

Mrs. Matsel
1059 Martin Avenue
Akron, Ohio 44306

Dear Mrs. Matsel:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

We can not find the life insurance card Mr. Matsel signed when he went on retirement. The main purpose of this card is to designate his beneficiary. Mr. Matsel's life insurance has a face value of \$3,000.00. According to Loyalty Life (our life insurance carrier), we have this can be handled in either of two ways.

1. \$2,000.00 can be issued to you, Mrs. Matsel and \$1,000.00 to the Estate.

If you elect this method, we need to have two claimant's statements completed, one by you and the other by the Administrator of the Estate. We would also need a certified letter from the court telling us who the executor of the estate is.

2. \$3,000.00 can be issued to the Estate.

If you elect this method, we need to have only one (1) claimant's statement completed by the Administrator of the Estate. As well as a certified letter from the court telling us who the Administrator of the Estate is.

M 018553

Mrs. Matsel
Page -2-

I am enclosing two copies of the Claimant's Statement. Please complete either one or both depending on which method you elect. If you have a certified copy of Mr. Matsel's death certificate, you need not complete the front of the forms just the backs. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$132.55 beginning in August. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental and vision benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you \$13.50 towards the cost of the Medicare Part 'B' premium. The pension amount shown above includes the Medicare Part 'B' premium.

Please return Mr. Matsel's August pension check to my attention.

Please provide us with a copy of your birth certificate so that we can complete our file.

Mrs. Matsel, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 018554

APPLICATION FOR HEALTH BENEFIT COVERAGE

I ANNE E. MATTHEWS survivor of
Name
HARRY W. MATUSZEWSKI
(a/k/a HARRY W. MATTHEWS)
Name Employee/
Pension #

wish coverage under the Massey-Ferguson

Medical/Hearing Yes - Life Coverage

Dental/Vision Yes - Life Coverage

Plans.

My Social Security Number is 374-03-7401

My Birth Date is December 7, 1915

The names and birth dates of my dependent children are:

Name	Birth Date
<u>None</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Anne E. Matthews
Signature

August 11, 1986
Date

LM
10/10/86
9/30/86

M 018550



Massey-Ferguson Inc.

1801 2nd Avenue, Des Moines, Iowa 50315-1097 • (515) 247 2011

September 22, 1986

Mr. Joseph E. Abela
14036 Mayfield
Livonia, Michigan 48154

Dear Mr. Abela:

Thank you for your letter of September 15, 1986, hopefully, the following will answer your questions.

Yes, your life insurance does drop when you reach age 65. Your life insurance at 65, will have a face value of \$5,364.36 payable to your beneficiary. Please find enclosed a new life insurance card, please complete the updated card and return it to my attention at the address above.

As you elected a survivor option at the time of your retirement, your wife will receive a monthly pension of approximately \$245.87 she will also be eligible for company health, dental and vision care coverage for the rest of her life. Your children will remain eligible for health, dental and vision care coverage until one of the following:

1. Reach age 25
2. Marry
3. Accept full time employment

Also when you turn 65, you become eligible for Medicare Part 'B'. The Company will reimburse you \$13.50 of the Medicare Part 'B' premium in your monthly pension check. This will be added to your October 1, 1986 pension. The amount will be \$460.53. Medicare will now become the primary payor and Massey-Ferguson/John Hancock will become the secondary payor. All of your bills should be sent to Medicare first for payment then to John Hancock. I am enclosing some additional claim forms for your use.

Hopefully, Mr. Abela, this has answered your questions, if not, please let me know.

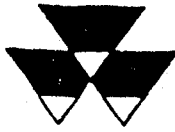
Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

M 014588

Enc.



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

December 23, 1986

Mrs. Jane Weinert
7093 Driftwood
Fenton, Michigan 48430

Dear Mrs. Weinert:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from Group Life Insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Jane Weinert, Wife. The insurance has a face value of \$3,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. Please complete the back side of the green form even though you return a copy of the death certificate. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$110.16 beginning January 1, 1987. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 021220

Mrs. J. Weinert
Page -2-
December 23, 1986

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

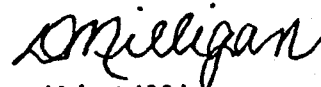
Our records indicate that you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part 'B'. The pension amount shown above includes the current Medicare Part 'B' premium of \$13.50.

Also enclosed, I have a copy of the UAW insurance agreement you requested along with several medical claim forms.

Mrs. Weinert, if you have any questions or if we can be of any further assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 021221



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

January 4, 1987

Mrs. Jennie Lukowski
18770 E. 10 Mile
East Detroit, MI 48021

Dear Mrs. Lukowski:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Leonard.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Jennie Lukowski, wife. The insurance has a face value of \$3,546. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$176.03 beginning in January 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Jennie Lukowski
Page Two
January 4, 1987

At age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson/John Hancock plan will consider payment on the charges not covered by Medicare.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

The pension amount shown above includes the current Medicare Part B contribution of \$13.50.

Please return Mr. Lukowski's January pension check.

Mrs. Lukowski, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan
Debbie Milligan
Human Resources Administrator

Enclosures

M 018397



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

January 4, 1987

Mrs. Theresa M. Wieczorek
21419 13 Mile Rd.
St. Claire Shores, MI 48081

Dear Mrs. Wieczorek:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, John.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Theresa M. Wieczorek, wife. The insurance has a face value of \$22,672. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$196.97 beginning in January 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Ineressa Wieczorek
Page Two
January 4, 1987

At age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson/John Hancock plan will consider payment on the charges not covered by Medicare.

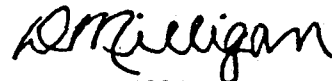
Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you \$13.50 towards the cost of Medicare Part B. The pension amount shown above includes the \$13.50

Please return Mr. Wieczorek's January pension check.

Mrs. Wieczorek, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enclosures

M 021399



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

January 7, 1987

Mrs. Gertrude Brown
10031 Dixie Highway
Anchorville, Michigan 48004

Dear Mrs. Brown:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Gertrude E. Brown, wife. The insurance has a face value of \$2,050.68. Completion of the enclosed form is necessary to process this claim. Please complete the reverse side of the Claimant's Certificate and have your husband's physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed physician's statement, but please complete the reverse side for our records. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$107.49 beginning March, 1, 1987. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my

M 015220

attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare.

Massey-Ferguson will reimburse you for part of the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Please provide me with a copy of your birth certificate for our records.

As you have already deposited Mr. Brown's December and January pension checks your March 1, 1987 check will be as follows:

Mr. Brown's December check	\$184.39
Mr. Brown's January check	\$184.39
Total amount overpaid	\$368.78
Less:	
Mrs. Brown's December check	\$107.49
Mrs. Brown's January check	\$107.49
Mrs. Brown's February check	\$107.49
Total	\$322.47

Mrs. Brown's March check amount will be as follows $\$368.78 - \$322.47 = \$46.31$. $\$46.31 - \$107.49 = \$61.18$. Your April 1, 1987 pension check will be \$107.49.

Mrs. Brown, if you have any questions or if I can be of any assistance now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 015221



Massey-Ferguson Inc.

February 20, 1987

Mr. D. Stickel
200 East Street
New Virginia, Iowa 50210

Dear Mr. Stickel,

Thank you for your recent letter.

I enclose a copy of the health coverage that is available to you. You are correct in your statement that after age 65 Medicare is the prime carrier, with John Hancock considering eligible expenses when Medicare has settled. I have authorized a contribution of \$13.50 towards Mrs. Stickel's Medicare Part 'B' premium, and a similar contribution will be added to your pension check on June 1, 1987.

Should you die before your wife, she will receive Company-paid health coverage for the rest of her life.

I am not aware of any changes in hospital admission procedures, other than the encouragement of such things as second surgical opinion and the use of outpatient facilities.

Sincerely,

J. B. Cole
Benefits Administration Manager

Enc:

M 020510



Massey Ferguson

Parts Division

2200 DeKoven Ave. Racine, WI 53403

February 23, 1987

Mr. Donald L. Daniels
9223 Mickelsen Avenue S.E.
Albuquerque, NM 87123

Dear Mr. Daniels:

In regards to your pension if you should pass away, your wife will receive a pension for the rest of her lifetime. She will also have the same health benefits that she has now.

If she should pass away first, your pension will be increased by the amount it was reduced for joint and survivor pension.

Sincerely,

MASSEY FERGUSON INC.

M 015780



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

March 11, 1987

Mrs. Melvene Jones
Rt. 5, Box 369D
Clinton, NC 28328

Dear Mrs. Jones:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Melvene Jones, wife. The insurance has a face value of \$24,835.20. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$107.45 beginning in April 1987. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 017756

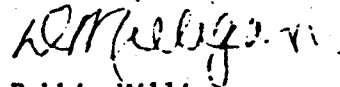
Mrs. Melvene Jones
Page Two
March 11, 1987

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor, and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits, at age 65 you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will in turn add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Mrs. Jones, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resource Administrator

Enclosure

M 017757



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

March 23, 1987

Mrs. Margaret B. Hanson
213 S. 85th Street
Mesa, Arizona 85208

Dear Mrs. Hanson:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband. Also, please accept our apologies for our new phone system. We installed our new telephone system near the end of February, 1987 and I'm sure part of the problems was in our learning how the new system worked. I can assure you it was not done intentionally and we apologize for any inconvenience this may have caused you.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Margaret B. Hanson, wife. The insurance has a face value of \$3,813.36. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. PLEASE COMPLETE THE REVERSE SIDE OF THE FORM AND RETURN IT TO MY ATTENTION ALONG WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$188.28. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 017018

Mrs. Margaret B. Hanson
March 23, 1987
Page -2-

Mrs. Hanson, please return Mr. Hanson's March pension check to my attention in the enclosed envelope. If you have already cashed his March, 1987 pension check, we will have to adjust your pension checks as follows:

	Should Be	Was
March, 1987	\$188.28	\$344.78
April, 1987	\$188.28	
Total	\$376.56	\$344.78

Your April, 1987 pension check will be in the amount of \$31.78 (\$376.56 - \$344.78).

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Hanson, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

Enc.

M 017019



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

March 24, 1987

Mr. Robert K. Duncan
15832 Frazno
Roseville, Mi. 48066

Dear Mr. Duncan:

Thank you for your recent letter dated March 4, 1987 inquiring about your life insurance and pension benefits.

The amount of your life insurance is as follows:

Basic non-contributory	before 65	\$32,481.00
	after 65	\$ 3,000.00

Coverage arising from participation in the contributory program -	To age 66	\$10,827.05
	At 66	\$ 9,744.35
	67	\$ 8,661.65
	68	\$ 7,578.95
	69	\$ 6,496.25
	Over 70	\$ 5,413.55

Due to the shuffling of the pension files, we can not locate Mr. Duncan's life insurance card. Please find enclosed a new card for him to complete and return to my attention as soon as possible.

Mr. Duncan's pension will remain the same when he reaches 65. It will not change.

According to the UAW rules on disability pensioners, Mr. Duncan can not elect a survivor option pension until he attains age 60. He will be sent a letter to that effect about a month before he reaches age 60.

If Mr. Duncan's dies before age 60, you will receive medical benefits for the rest of your life plus a transition and bridge benefit to amount to between \$150 or \$250.00 a month.

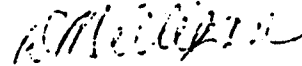
If Mr. Duncan reaches age 60 and elects a survivor option, your monthly pension benefit would be approximately \$147.41 plus medical coverage for the rest of your life.

M 016009

Mr. Robert K. Duncan
March 24, 1987
Page -2-

Hopefully, this will answer your questions. If not, please
let me know.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 016010



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

March 26, 1987

Mrs. Angeline Z. Jodts
26330 Blumfield Ave.
Roseville, MI 48066

Dear Mrs. Jodts:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Angeline Z. Jodts, wife. The insurance has a face value of \$3,343.80. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$166.76 beginning in April 1987. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

ABERNETHY
200, 200, 200
VARTY

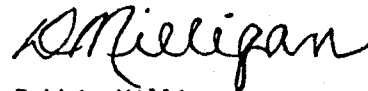
M 017702

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans so you should continue your participation in this plan. Medicare will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B contribution of \$13.50.

Mrs. Jodts, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

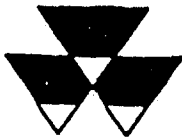
Sincerely,



Debbie Milligan
Human Resources Administrator

Enclosures

M 017703



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

April 29, 1937

Mrs. Faith M. Sanders
18602 Fairport
Detroit, Mi. 48205

Dear Mrs. Sanders:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband, Gabriel.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Faith M. Sanders, Wife. The insurance has a face value of \$2,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the REVERSE side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement, but please complete the reverse side of the form either way. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$102.91 beginning May, 1987. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

M 019998

Mrs. Faith M. Sanders
April 29, 1987
Page -2-

Please return Mr. Sanders May 1, 1987 pension check to my attention as soon as possible. We will have your May check issued as soon as we receive Mr. Sanders check back.

Our records indicate that you are over the age of 65 and, therefore, are eligible to receive Medicare Part B benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in the plan. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit. The premium amount shown above includes the Medicare Part B contribution.

I am also enclosing some additional medical claims forms for your use.

Mrs. Sanders, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

Enc.

M 019999



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

June 2, 1987

Mrs. Margaret M. Richardson
19565 North Ridge Rd.
Northville, MI 48167

Dear Mrs. Richardson:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Gerald.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Margaret M. Richardson, wife. The insurance has a face value of \$12,622.50. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$189.14 beginning in June 1987. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Margaret M. Richardson
Page Two
June 2, 1987

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock plan will consider payment on the charges not covered by Medicare

In addition to the non-voluntary Medicare benefits, at age 65 you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Also enclosed please find some additional medical claims forms for your use.

Please return Mr. Richardson's June pension check if you receive it.

Mrs. Richardson, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

Enclosures

M 019704



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

July 10, 1987

Mrs. Maria Senkiw
6864 Mettetal
Detroit, Mi. 48228

Dear Mrs. Senkiw:

On behalf of the Massey-Ferguson employees, I would like to express our sincere condolences on the recent death of your husband, Pawlo.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- . Proceeds from group life insurance
- . A survivor pension benefit
- . Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Maria Senkiw, Wife. The insurance has a face value of \$4,733.16. Completion of the enclosed form is necessary to process this claim. Please COMPLETE THE CLAIMANT'S CERTIFICATE ON THE REVERSE SIDE OF THE FORM. Also include a CERTIFIED copy of the death certificate from the Bureau of Vital Statistics. The forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$230.44 beginning in July, 1987. The check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Our records indicate that you are over the age of 65, and therefore; are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

M 020108

Mrs. Maria Senkiw
July 10, 1987
Page -2-

Massey-Ferguson will reimburse you for part of the cost of Medicare Part B coverage. The pension amount shown above includes the current reimbursement amount for Medicare Part B of \$13.50.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

I am also enclosing some additional medical claim forms for your use.

Please return Mr. Senkiw's July pension check to my attention in the self-addressed envelope I have enclosed.

Mrs. Senkiw, if you have any further questions or if we can be of any further assistance to you now or in the future, please contact this office at the address above or (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enc.

M 020109



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

August 13, 1987

Mrs. Tula Clark
22500 Stephens
St. Claire Shores, MI 48080

Dear Mrs. Clark:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, David.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Tula Clark, wife. The insurance has a face value of \$5,053.20. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$231.60 beginning in August 1987. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Gillam, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan
Human Resources Administrator

Enclosures

M 015522



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

September 15, 1987

Mrs. Mathilda Swiderek
c/o Mrs. G. Contreras
6626 Gilman Street
Garden City, Mi. 48135

Dear Mrs. Swiderek:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband, Walter.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- .Proceeds from group life insurance
- .A survivor pension benefit
- .Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Mathilda Swiderek, Wife. The insurance has a face value of \$2419.68. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the REVERSE SIDE of the form. We have already received a CERTIFIED copy of the death certificate. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$124.40 beginning in July. This check will be issued by:

First Wisconsin Trust Company
P.O. Box 2054
Milwaukee, Wisconsin 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 020628

Our records indicate that you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Swiderek, would you please return Mr. Swiderek's pension checks for the months of July, August and September. If you have already cashed them, we can do one of two things to repay the monies.

1. You can send us your personal check in the amount of \$682.92 (\$227.64 X 3). Please make your check payable to First Wisconsin Trust Company but please send it to my attention so I can correct my records.
2. The following chart will show how we can collect the monies owing:

	<u>Received</u>	<u>Should have received</u>
7/01/87	\$227.64	\$124.40
8/01/87	\$227.64	\$124.40
9/01/87	\$227.64	\$124.40
Total	\$682.92	\$373.20

Over payment of \$309.72 (682.92 - \$373.20 =).

	\$309.72	
10/1/87	(124.40)	No check will be issued for October.
11/1/87	(124.40)	No check will be issued for November.
Bal. due	<u>\$60.92</u>	

Your December 1, 1987 pension check would be \$63.48 (124.40 - 60.92).
Your January 1, 1988 pension check would then be \$124.40.
Please advise how you wish to handle. We can not issue you your monthly pension check until we receive the monies owed.

Mrs. Mathilda Swiderek
Page -3-
September 15, 1987

Mrs. Swiderek, if you or your daughter have any questions,
please contact me on (515) 247-2163.

Sincerely,

Debbie Milligan

Debbie Milligan
Human Resources Administrator

Enc.

M 020630



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

October 16, 1987

Mr. Marvin G. Leight
14584 Warwick
Allen Park, Michigan 48101

Dear Mr. Leight:

Thank you for your note of October 12, 1987. I will try to answer your questions for you as best I can.

When you reach age 62, your monthly pension will be reduced. It is not mandatory for you to apply for Social Security at this time, but all of our calculations assume that you will. Even if you do not apply for Social Security at this time, your monthly pension WILL BE reduced.

You and your wife are not eligible for Medicare until you reach age 65 or unless you are both disabled.

You and your wife will both have medical benefits from Massey-Ferguson for the rest of your lives. When you do reach age 65, the procedure you need to follow is listed below.

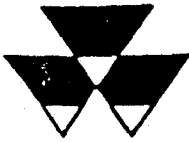
1. First you submit your bill to Medicare
2. Medicare will send you an explanation of benefits that they have paid your Doctor
3. Then send the Doctor's bill along with a copy of the explanation of what Medicare has paid and John Hancock will consider payment of covered charges.
4. John Hancock will remain primary for your wife until she reaches age 65.

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

Sincerely,

Debbie Milligan
Human Resources Administrator

M 018217



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

February 1, 1988

Mrs. Margaret Lada
7180 E. Nevada
Detroit, MI 48234

Dear Mrs. Lada:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Wenceslaus.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Margaret Lada, wife. The insurance has a face value of \$3,839.16. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$175.96 beginning February 1, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson/John Hancock plan will consider payment on the charges not covered by Medicare.

In addition to non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will in turn add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please return Mr. Lada's February pension check.

Mrs. Lada, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,

Debbie Milligan
Human Resources Administrator

Enclosures

M 018064



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

February 22, 1988

Mrs. Martha Headley
832 Georgia Avenue
Akron, OH 44306

Dear Mrs. Headley:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Willard.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Martha Headley, wife. The insurance has a face value of \$3,000. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$121.28 beginning March 1, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 017173

Mrs. Martha Headley
Page Two
February 22, 1988

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Headley, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enclosures

M 017174



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

March 23, 1988

Mrs. Mary E. Wiejaczka
538 W. Bond Street
Hastings, MI. 49058

Dear Mrs. Wiejaczka:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Felix.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your wife stipulates that the beneficiary is Mary E. Wiejaczka, wife. The insurance has a face value of \$6,231.92. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A certified death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$299.13 beginning in April, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Mary E. Wiejaczka
Page Two
March 23, 1988

At age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson/John Hancock plan will consider payment on the charges not covered by Medicare.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

The pension amount shown above includes the current Medicare Part B contribution of \$13.50.

Mrs. Wiejaczka, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enclosures

M 021402



MASSEY-FERGUSON

1901 Bell Avenue, Des Moines, Iowa 50315 • (515) 247-2011

April 6, 1988

Mrs. Leonora C. D'Alleva
18904 Woodside
Harper Woods, MI. 48225

Dear Mrs. D'Alleva:

On behalf of the employees of Massey-Ferguson I would like to express our sincere condolences on the recent death of your husband, Gino.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Coverage under the Massey-Ferguson health plans

The Massey-Ferguson group life insurance carried by your husband stipulates that the beneficiary is Leonora C. D'Alleva, wife. The insurance has a face value of \$ 3,000. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A CERTIFIED death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. A self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$125.00 beginning in April, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Leonora C. D'Alleva
Page Two
April 6, 1988

If you elect to continue the Company plans, at age 65 Medicare's coverage will be integrated with the Company's program. Medicare will be the first payor and the Massey-Ferguson John Hancock Plan will consider payment on the charges not covered by Medicare.

In addition to the non-voluntary Medicare benefits at age 65, you will become eligible for the voluntary Medicare Part B. You should take advantage of this program. The premium for Medicare Part B will be deducted from your Social Security check. The Company will, in turn, add a contribution of \$13.50 towards the premium to your monthly pension benefit.

Please return Mr. D'Alleva's April 1, 1988 pension check to my attention.

Please provide us with a copy of your birth certificate for our file.

Mrs. D'Alleva, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (515) 247-2163.

Sincerely,



Debbie Milligan
Human Resources Administrator

Enclosures

M 015777



May 3, 1988

Mrs. Frances Brook
1804 Badger St.
Racine, WI 53403

Dear Mrs. Brook:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband, Lawrence.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Frances M. Brook, wife. The insurance has a face value of \$6812.76. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$325.75 beginning May, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 015179

MRS. FRANCES BROOK
May 3, 1988
Page 2

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Please return Mr. Brook's, May 1 pension check, so we may reissue a check in your name. Also, please provide us with your social security number.

Mrs. Brook, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (414) 636-8258.

Sincerely,



Karen K. Hamilton
Benefits Administrator

Enclosures

KKH/nz

M 015180

Varity International Services

Central Parts Supply Organization - N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306

VARITY

May 11, 1988

Mrs. Eva Finkowski
5925 Evergreen St. Apt. 1
Dearborn Heights, MI 48127

Dear Mrs. Finkowski:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans.

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Eva, wife. The insurance has a face value of \$2000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$106.84 beginning May 1, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

M 016332

MRS. EVA FINKOWSKI
May 11, 1988
Page 2

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount showed above includes the current Medicare Part B premium of \$13.50.

Mrs. Finkowski, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (414) 636-8258.

Sincerely,



Karen K. Hamilton
Benefits Administrator

KKH/nz

Enclosures

M 016333

Varity International Services

Central Parts Supply Organization - N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306

VARITY

May 23, 1988

Mrs. Ruth Faulkner
414 E. St. Clair
Almont, MI 48003

Dear Mrs. Faulkner:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- The option of continuing the Massey Ferguson health benefit plans.

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Ruth M. Faulkner, wife. The insurance has a face value of \$2000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death Certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

Mr. Faulkner, at the time of his retirement in 1968, elected a Normal Lifetime Pension; therefore, benefits from the Massey Ferguson Pension Plan cease with his death.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

In the event the bank mails Mr. Faulkner's June pension check in error, please return it to my attention.

Mrs. Faulkner, if in the future you have any further questions, please feel free to contact me at (414)/636-8258.

Sincerely,

Karen K. Hamilton

Karen K. Hamilton
Benefits Administrator

M 016259

Enclosures

A Business of Varity Corporation

VRL--

varity International Services

Central Parts Supply Organization - N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306



May 23, 1988

Mrs. Mary Ann Smith
RT. 94, Box 3045-A
Manistique, MI 49854

Dear Mrs. Smith:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson health plans.

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is MaryAnn C. Smith, wife. The insurance has a face value of \$6647.52. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$304.68 beginning June 1, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

If you should receive your husband's pension check for June, please return this to me promptly so that we may start your pension on a timely basis.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 020262

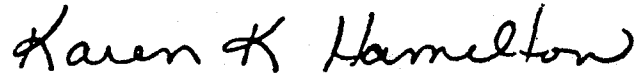
Mrs. Mary Ann Smith
May 23, 1988
Page 2

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey Ferguson will reimburse you for the cost of Medicare Part B. The pension amount showed above includes the current Medicare Part B premium of \$13.50.

Mrs. Smith, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at (414)/636-8258.

Sincerely,



Karen K. Hamilton
Benefits Administrator

Enclosures

KKH/nz

M 020263

Varity International Services

Central Parts Supply Organization - N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306



July 7, 1988

Mrs. Eleanora Jones
896 Overton Drive
Akron, OH 46319

Dear Mrs. Jones:

On behalf of the employees of Massey-Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey-Ferguson's health benefit and pension plans will provide you with the following:

- Proceeds from Group Life Insurance
- A survivor pension benefit
- Free coverage under the Massey-Ferguson Health Plans

The Massey-Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Eleanora, wife. The insurance has a face value of \$3000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and have your husband's attending physician complete the Physician's Statement. A death certificate from the Bureau of Vital Statistics may be substituted for the completed Physician's Statement. The completed forms should be returned to my attention, and a self-addressed envelope is enclosed for your convenience.

The Company's Hourly Pension Plan in the United States will provide you with a monthly pension benefit in the amount of \$111.62 beginning July 1, 1988. This check will be issued by:

First Wisconsin Trust Company
P. O. Box 2054
Milwaukee, WI 53201

We will need your social security number in order to start your pension.

Massey-Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

M 017749

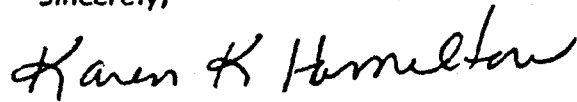
Mrs. Eleanora Jones
July 7, 1988
Page 2

Our records indicate you are over the age of 65 and, therefore, are eligible for Medicare benefits. Medicare benefits are coordinated with the Company benefit plans, so you should continue your participation in this plan.

Massey-Ferguson will reimburse you for the cost of Medicare Part B. The pension amount shown above includes the current Medicare Part B premium of \$13.50.

Mrs. Jones, if you have any questions or if we can be of any assistance to you now or in the future, please contact this office at 414/636-8258.

Sincerely,



Karen K. Hamilton
Benefits Administrator

KKH/nz

Enclosures

M 017750

Varity International Services

Central Parts Supply Organization — N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-836-8222
Telex 0264431
Rapidfax 414-836-8308



August 31, 1988

Lora J. Futrell
28816 Pardo
Garden City, MI 48135

Dear Mrs. Futrell:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Lora, wife. The insurance has a face value of \$4783.20. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$232.73 beginning September 1, 1988. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Futrell, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8258.

Sincerely,

A handwritten signature in cursive script that reads "Karen K. Hamilton".

Karen K. Hamilton
Benefits Administrator

A Business of Varity Corporation

M 016514

Varity International Services

Central Parts Supply Organization — N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306



September 2, 1988

Frances Rusin
19651 Stotter
Detroit, MI 48234

Dear Mrs. Rusin:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Frances, wife. The insurance has a face value of \$4,766.40. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$218.46 beginning September 1, 1988. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Rusin, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8258.

Sincerely,

A handwritten signature in cursive script that reads "Karen K. Hamilton".

Karen K. Hamilton
Benefits Administrator

Varity International Services

Central Parts Supply Organization — N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306

copy

VARITY

September 9, 1988

Violet Bodak
7297 Vaughan
Detroit, MI 48228

Dear Mrs. Bodak:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Violet Bodak, wife. The insurance has a face value of \$2000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

At the time of Mr. Bodak's retirement, he elected a normal lifetime pension, therefore, benefits from the Massey Ferguson Pension Plan cease with the death. If a pension check arrives for the month following the month of death, please return it to me.

Massey Ferguson will reimburse you a portion of the cost of your Medicare B coverage. Reimbursement will be made in June and December by a check sent to your home.

If you have any questions, please contact me at (414)636-8258.

Sincerely,

Karen K. Hamilton

Karen K. Hamilton
Benefits Administrator

Enc.

M 015033

Varity International Services

Central Parts Supply Organization — N.A.
2200 DeKoven Avenue
Racine, WI 53403

Telephone 414-636-8222
Telex 0264431
Rapidfax 414-636-8306

VARITY

October 10, 1988

Mrs. Etta Reginek
7333 Painview
Detroit, MI 48228

Dear Mrs. Reginek:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Etta Reginek, wife. The insurance has a face value of \$4030.44. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$198.23 beginning October 1, 1988. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Reginek, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8258.

Sincerely,

Karen K. Hamilton
Benefits Administrator

A Business of Varity Corporation

M 019675



Massey-Ferguson

April 3, 1989

Covela Hale
35952 Ann Arbor Trail
Livonia, MI 48150

Dear Mrs. Hale:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Covela Hale, wife. The insurance has a face value of \$3909.12. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$179.17 beginning April, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Hale, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
Benefits Administrator

0000811

February 28, 1989

Rose M. Dunai
2513 Donna Ave.
Racine, WI 53404

Dear Mrs. Dunai:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Rose Dunai, wife. The insurance has a face value of \$8037.24. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$381.87 beginning March 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Dunai, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
Benefits Administrator

M 016000



Massey-Ferguson

April 3, 1989

Covela Hale
35952 Ann Arbor Trail
Livonia, MI 48150

Dear Mrs. Hale:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Covela Hale, wife. The insurance has a face value of \$3909.12. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$179.17 beginning April, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Hale, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
Benefits Administrator

April 5, 1989

William R. Crozier
8883 Beech Daly Rd.
Taylor, MI 48180

Dear Mr. Crozier:

In reply to your question regarding your pension at age 65, there is actually no change to your pension amount at that time. The only change at 65 is concerning your Medicare eligibility. You must apply for Medicare B coverage as soon as you become eligible. The cost of this coverage will be deducted from your Social Security check. Massey Ferguson reimburses a portion of this cost \$13.50 which is automatically added to your pension check the month following the month you turn 65. Massey will also reimburse a portion of your wife's Medicare B cost when she turns age 65, but you must send in a copy of her card when he receives it.

If you pass away, your spouse will receive a pension in the amount of \$127.59 a month. She will also have medical coverage for her lifetime.

Sincerely,

Karen K. Hamilton
Benefits Administrator

KKH/dw

M 015744



Massey-Ferguson

April 19, 1989

Charlotte M. McComb
17330 Peering Street
Livonia, MI 48152

Dear Mrs. McComb:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Charlotte McComb, wife. The insurance has a face value of \$52301.72. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$105.30 beginning May 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2034, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. McComb, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen H. Hamilton
Benefits Administrator

2200 DeKoven Avenue
Racine, Wisconsin 53403-9992

M 018617



Massey-Ferguson

April 28, 1989

Edith Paglianti
1901 Deane Blvd
Racine, WI 53405

Dear Mrs. Paglianti:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Edith Paglianti, wife. The insurance has a face value of \$2000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

At the time of Mr. Paglianti's's retirement, he elected a normal lifetime pension, therefore, benefits from the Massey Ferguson Pension Plan cease with the death. If a pension check arrives for the month following the month of death, please return it to me.

Massey Ferguson will reimburse you a portion of the cost of your Medicare B coverage. Reimbursement will be made in June and December by a check sent to your home.

If you have any questions, please contact me at (414)636-8258.

Sincerely,

Karen K. Hamilton
Benefits Administrator

Enc.

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 019204



Massey-Ferguson

May 24, 1989

Jean Mc Ilvaine
Rt 1 Box 121
Eubank KY 42567

Dear Mrs. Mc Ilvaine:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Jean Mc Ilvaine, wife. The insurance has a face value of \$4,452.84. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$204.09 beginning June 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Mc Ilvaine, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
2200 Dekoven Avenue
Racine, Wisconsin 53403-9982

M 018687



Massey-Ferguson

May 25, 1989

Mrs. Debbie White
Rt. 2 Box 3-5
Mulberry, AR 72947

Dear Mrs. White:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. White, if you should have any other questions or if I can be of further service to you, please feel free to contact me.

Sincerely,

Karen K. Hamilton
Benefits Administrator

enc.

903510

M 021334

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982



Massey-Ferguson

May 26, 1989

Mr. Theodore Doletzky
30220 Rush Street
Garden City, MI 48135

Dear Mr. Doletzky:

If you should remarry, your new spouse would be entitled to all benefits currently provided to you. Please complete and return the "Change of enrollment form" enclosed at the appropriate time.

If you wish to cover your new spouse for the joint and survivor option of your pension, you may do this after you have been married for one year. If you wish to do this, please state in writing and send a copy of her birth certificate and the marriage license.

Whether or not you elect the spouse option for your new wife, she would still be entitled to all medical, dental, vision benefits if you should pass away first.

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

Sincerely,

Karen Hamilton
Benefits Administrator

Enclosure

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 015912



Massey-Ferguson

June 21, 1989

Lillian Rose
4114 - 19th St.
Racine, WI 53405

Dear Mrs. Rose:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Lillian, wife. The insurance has a face value of \$4,403.28. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$201.82 beginning June 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Lillian, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
Benefits Administrator

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 019850



Massey-Ferguson

June 26, 1989

Katie Mish
9215 Kinloch
Redford, MI 48239

Dear Mrs. Mish:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Katie Mish, wife. The insurance has a face value of \$6327.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$289.99 beginning July 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201 and will be made payable to you. If you should receive a pension check payable to your husband dated July 1, 1989, please return this to me.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Mrs. Mish, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Karen K. Hamilton
Benefits Administrator

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 018813



Massey-Ferguson

August 3, 1989

Mrs. Leon George
1153 Nottingham Road
Grosse Pointe Park, MI 48236 48236 48230

Dear Mrs. George:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Amelia A. George, wife. The insurance has a face value of \$3904.44. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$178.95 beginning August 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Amelia, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Lorraine Koch
Benefits Administrator

Enc. Ins Claim Form
Reenrollment Form
Envelope

M 016607

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982



Massey-Ferguson

August 4, 1989

Buton Pennie
874 Caddo Avenue
Akron, OH 44305

Dear Mrs. Pennie:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Buton Pennie, wife. The insurance has a face value of \$24,835.20. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A self addressed envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit. This check will be issued by First Wisconsin Trust Company, P. O. Box 2054, Milwaukee, WI 53201. Details regarding the survivor pension and outstanding debt from the prior overpayment will be sent to you within the next two weeks.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Buton, if you have any questions, or if we can be of any assistance to you, please contact this office at (414) 636-8234.

Sincerely,

Lorraine Koch
Benefits Administrator

M 019299

Enc. Ins Claim Form
Reenrollment
Envelope

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

August 17, 1989

Mrs. Buton Pennie
874 Caddo Avenue
Akron, OH 44305

Dear Mrs. Pennie:

This is to confirm that we have received your Medical Insurance Enrollment Form and Group Life Insurance Claim for Death Benefit. It will take approximately six to eight weeks to process the life insurance payment. Massey Ferguson will continue your health, dental, vision, and hearing aid benefit coverage for the rest of your life at no cost to you.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$231.84 effective July 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201. The first check you receive will include a one-time retroactive payment for the months of July and August.

The outstanding debt based on the overpayment made to your husband Charles Pennie will be forgiven and no further payments will be required from you.

If you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Lorraine Koch
Benefits Administrator

M 019301



Massey-Ferguson

August 22, 1989

Geraldine B. Vardon
1131 N. Alexander
Royal Oak, Mi 48067

Dear Mrs. Vardon:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband, Clifford I. Vardon stipulates that the beneficiary is Geraldine B. Vardon, wife. The insurance has a face value of \$25,000. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A return envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$332.81 beginning August 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201. Any checks issued to your late husband, Clifford I. Vardon after July 29, 1989 should be returned to First Wisconsin Trust Company.

M 021000

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

Geraldine, if you have any questions, or if we can be of any assistance to you, please contact this office at (414)636-8234.

Sincerely,

Lorraine Koch

Lorraine Koch
Benefits Administrator

Enc. Ins Claim Form
Reenrollment Form
Envelope

M 021001

*- Deceased 6-18-89
Sandra Cockell
13762 Hendrick
Warren, MI 48089*

Mrs. Bernice Ingram
Route 8-Box 50
Taylorsville, NC 28681

Dear Mrs. Ingram:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

The Massey Ferguson group life insurance carried by your late husband stipulates that the beneficiary is Bernice Ingram, wife. The insurance has a face value of \$3585.60. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A return envelope is enclosed for your convenience.

Massey Ferguson will continue your health, dental, vision and hearing aid benefit coverage for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

At the time of your husband's retirement, he elected a normal lifetime pension; therefore, benefits from the Massey Ferguson Pension Plan cease with the death. If a pension check arrives for the month following the month of death, please return it to me.

Massey Ferguson will reimburse you a portion of the cost of your Medicare B coverage. Reimbursement will be made in June and December by a check sent to your home.

If you have any questions, please contact me at (414)636-8234.

Sincerely,

Lorraine Koch
Benefits Administrator

Enc: Ins. Reenrollment Form
Life Ins. Claim for Death Ben.

*Sandra - for our
conversation - include a
copy of your mother's
death certificate
(certified):
Kinnaird
9-23-89*

September 11, 1989

M 017533

file
copy



Massey-Ferguson

October 24, 1989

Mrs. Carma Jean Smith
305 South F Street
Indianola, IA 50125

file

Dear Mrs. Smith:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband, Gerald C. Smith.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

I have been unable to locate a beneficiary designation card for your husband's life insurance. Therefore, please have the death claim form completed by the executor or administrator and forward certified copies of a probated will or letters of administration. The insurance has a face value of \$3,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A return envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$126.85 beginning November 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health care plan for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you have any questions, or if we can be of any assistance to you, please contact this office at (414) 636-8234.

Sincerely yours,

Lorraine Koch
Benefits Administrator

2080 *

Max of 25,000

Enc. Ins Claim Form
Reenrollment Form
Envelope

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 020268



Massey-Ferguson

November 16, 1989

Mrs. Rita Krynski
2063 Capitol
Warren, MI 48091

Dear Mrs. Krynski:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband, Donald R. Krynski stipulates that the beneficiary is Rita R. Krynski, wife. The insurance has a face value of \$25,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A return envelope is enclosed for your convenience.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$160.07 beginning November 1, 1989. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201.

Massey Ferguson will continue your health care plan for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you have any questions, or if we can be of any assistance to you, please contact this office at (414) 636-8234.

Sincerely yours,

Lorraine Koch
Benefits Administrator

Enc. Ins Claim Form
Reenrollment Form

2200 DeKoven Avenue
Racine, Wisconsin 53403-9982

M 018041

November 25, 1989

Mrs. Diana Rouvalis
15483 Elderwood Drive
Roseville, Michigan 48066

Dear Mr. Rouvalis:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband, James Rouvalis.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your late husband, James Rouvalis stipulates that the beneficiary is Diana Rouvalis, wife. The insurance has a face value of \$4371.96. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return to me along with a Certified copy of the Death Certificate. A return envelope is enclosed for your convenience.

~~Retroactive to November 1, 1989, the Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$213.88 (\$200.38 pension plus \$15.50 partial reimbursement for Medicare Part B premium). This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201. If you elect automatic deposit or federal tax withholding, please complete and return the enclosed forms.~~

Massey Ferguson will continue your health care plan for the rest of your life at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you have any questions, or if we can be of any assistance to you, please contact this office at (414) 636-8234.

Sincerely yours,

Lorraine Koch
Benefits Administrator

Enc. Ins Claim Form

M 019882



Massey-Ferguson

January 8, 1990

Mrs. Muriel Miller
19323 - 13 Mile Road
Roseville, MI 48066

Dear Mrs. Miller:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband, Joseph L. Miller.

The Massey Ferguson group life insurance carried by Joseph Miller stipulates that the beneficiary is Muriel A. Miller, wife. The insurance has a face value of \$2251.80. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return it to me along with a Certified copy of the Death Certificate. Please allow approximately 4-6 weeks for the processing of the life insurance benefit following the return of these documents.

Massey Ferguson will continue your medical, dental, vision, and prescription drug coverage at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

At the time of retirement, your spouse elected the normal lifetime option; therefore, benefits from the Massey Ferguson Pension Plan cease upon death. If a pension check arrives following the date of death, please return it to First Wisconsin, P.O. Box 2054, Milwaukee, WI 53201.

If you have any questions, please feel free to contact me in writing or by calling 414-636-8234.

Sincerely yours,

Lorraine Koch
Benefits Administrator

encl - Ins Enr
Life Ins Claim
Env



Massey-Ferguson

March 22, 1990

Mrs. Martha Blasko
22621 Hillock
Warren, Michigan 48089

Dear Mrs. Blasko:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband.

Massey Ferguson's health benefit and pension plans will provide you with the following:

- proceeds from Group Life Insurance
- free coverage under the Massey Ferguson health plans
- a survivor pension benefit

The Massey Ferguson group life insurance carried by your husband, John stipulates that the beneficiary is Martha, wife. The insurance has a face value of \$2,965.80. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return it to me along with a certified copy of the Death Certificate. A return envelope is enclosed for your convenience. Please allow 4-6 weeks for the processing of the life insurance following submission of these documents.

The Company's Pension Plan will provide you with a monthly pension benefit in the amount of \$135.93 beginning April 1, 1990, after we receive a certified copy of the death certificate. You may also receive reimbursement for Medicare Part B (\$13.50) added to your pension check by completing the enclosed application. This check will be issued by First Wisconsin Trust Company, P.O. Box 2054, Milwaukee, Wisconsin 53201. Any checks issued to your husband following the date of death should be returned to First Wisconsin.

Martha Blasko
March 22, 1990
page 2

Massey Ferguson will continue your health care plan at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

If you have any questions, or if we can be of any assistance to you, please contact this office at (414) 636-8234.

Sincerely yours,



Lorraine Koch
Benefits Administrator

Enc. Ins Claim Form
Reenrollment Form
Envelope
Auto Dep
W4-P
Medicare App.

M 015021



Massey-Ferguson

November 27, 1990

Mrs. Margaret Olsowy
c/o Joe Olsowy
1715 Croft
Birmingham, Michigan 48009

Dear Mrs. Olsowy:

On behalf of the employees of Massey Ferguson, I would like to express our sincere condolences on the recent death of your husband, Michael.

The Massey Ferguson group life insurance carried by Michael H. Olsowy stipulates that the beneficiary is Margaret C. Olsowy, wife. The insurance has a face value of \$2,000.00. Completion of the enclosed form is necessary to process this claim. Please complete the Claimant's Certificate on the reverse side of the form and return it to me along with a Certified copy of the Death Certificate. Please allow approximately 4-6 weeks for the processing of the life insurance benefit following the return of these documents.

Massey Ferguson will continue your medical, dental, vision, and prescription drug coverage at no cost to you. Please complete the enclosed form and return it to my attention so that the coverage can be transferred to your name.

At the time of retirement, your spouse elected the normal lifetime option; therefore, benefits from the Massey Ferguson Pension Plan cease upon death. If a pension check arrives following the date of death, please return it to First Wisconsin, P.O. Box 2054, Milwaukee, WI 53201.

If you have any questions, please feel free to contact me in writing or by calling 414-636-8234.

Sincerely yours,

Luanne Klees
Benefits Assistant

Encl: Ins Enrollment
Life Ins Claim
Envelope

M 019144

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorizes you to release information to the Iowa Department of Human Services. Please complete the information statement and return the white copy in the enclosed envelope. The yellow copy is for your records. If you have any questions, call collect, if necessary, at the phone number listed below. Thank you for your assistance.

To: Massey-Ferguson Inc.
2200- Le Koven Ave.
Racine, Wisconsin 53403-9982

Date Sent: 2-21-91
 From: Dept of Human Services
1900 Carpenter
Des Moines, Ia 50319

Phone Number: 515 286 2000
Constance Allen, IHR

INFORMATION REQUESTED: Re: Edmund Rivera SS# 484-18-9168
and JoAnn M. Rivera (wife) SS# 481-30-0347

Please verify the following:

1. Do they have health insurance coverage through your company? If yes, please give type of coverage & premium amount if paid by the Rivera's, Will coverage continue for their life time? If not give date coverage will cease
2. Do they have life insurance coverage through your company? If yes, give face value and cash value. Will coverage cease on a particular date or continue for life

Please provide this information to the Iowa Department of Human Services. I release you from liability for disclosing this information even if it is confidential. This permission stops 3-31-91.

Signature Edmund Rivera

Date 2-25-91

INFORMATION STATEMENT (Attach additional sheets if necessary)

Edmund Rivera has family coverage for medical, dental, vision and drugs. Non-contributory premium. Coverage for lifetime of retiree and spouse. Dependent children covered through 19th year, 25th year if full-time student.

Mr. Rivera has \$3,000.00 group term life insurance, with no cash value. Payable upon his death to designated beneficiary.

M 019737

Signature of Person Providing Information <u>Ruthann Cresswell</u>	
Area Code <u>414</u>	Telephone No. <u>636-8310</u>

Title <u>Benefits Specialist</u>
Date <u>February 28, 1991</u>