

SOCIAL SECURITY ACT

NAME OF BENEFICIARY GUNHILD ERICKSON

CLAIM NUMBER SEX 471-44-2616-B FE

FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL INSURANCE 7-1-66

MEDICAL INSURANCE 7-1-66

SIGN DX Bunhild Enickson

Health (b) Insurance



SOCIAL SECURITY ACT

NAME OF BENEFICIARY TOM ERICKSON

CLAIM NUMBER

SEX

EFFECTIVE DATE

471-44-2616-A MALE
IS ENTITLED TO EFFECTIVE HOSPITAL INSURANCE 7-1-66 MEDICAL INSURANCE 7-1-66

SIGN D

Social Security Award Certificate

Department of Health, Education, and Welfare Social Security Administration Date 11/24/75

Name and Address of Payee as the Claimant Claim Number 471-44-2616 D Or as Representative of the Claimant

Benefit

Type of Date of Monthly Entitlement

GUNHILD ERICKSON geive social security benefits carries with it certain responsibilite. TTA: v are explained in the booklet furnished you. Read this booklet carefully. Be suBVARTJOH 186005 nd clearly what you can expect by way of benefits, and what is to be expect \$40000 u. MM. BLIVBAAJ restions or wish

WIDDW

Amount of First Check:

\$255.00

THE BENEFIT AMOUNT WAS CHANGED IN THE MONTH SHOWN ABOVE BECAUSE OF THE DEATH OF THE INSURED PERSON.

KEEP AS A PERMANENT RECORD - DO NOT

A CHECK FOR \$255.00, WHICH REPRESENTS THE LUMP SUM DEATH PAYMENT, WILL BE SENT TO YOU IN A FEW DAYS.

YOUR NEXT CHECK HAS BEEN ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS NOW DUE OR PAID IN ADVANCE. THEREAFTER, THE PREMIUM WILL BE DEDUCTED FROM YOUR REGULAR MONTHLY BENEFIT CHECK.

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social insurance benefits shown.

COMMISSIONER OF SOCIAL SECURITY