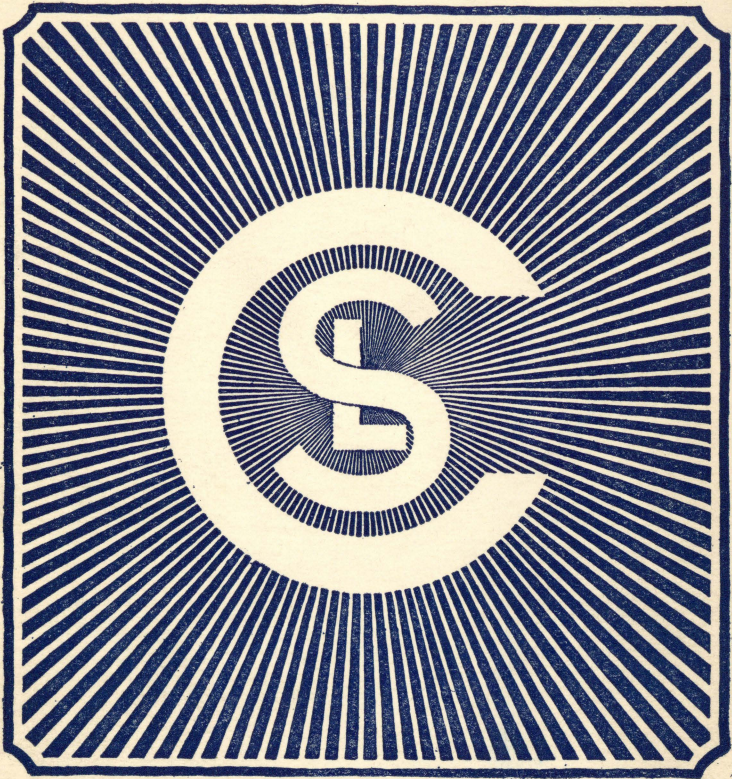


CHICAGO SURFACE LINES



Employees
Group Insurance
Plan

TO CHICAGO SURFACE LINES
EMPLOYEES:

The Chicago Surface Lines announce the inauguration of a group insurance plan for the benefit of employees, covering illness, injuries or death. The entire cost of the plan, which becomes effective February 1, 1928, will be borne by the Chicago Surface Lines.

The plan is fully described in the following pages of this booklet, with complete instructions governing eligibility, and the filing of claims of the various classes in cases of illness, accident or death.

G. A. Richardson,
Vice President and General Manager.

January 24, 1928.

DETAILS OF THE PLAN SCHEDULE OF BENEFITS

1. Life Insurance	\$1,000.00
2. Weekly Sick Benefits	20.00
3. Weekly Accident Benefits	20.00

Who Is Eligible.

All employees who, on February 1, 1928, have had three months continuous service with the Chicago Surface Lines, are eligible for:

Life Insurance, One Thousand Dollars.....\$1,000.00

All employees who, on February 1, 1928, have had one year or more continuous service with the Chicago Surface Lines, are also eligible for:

Weekly Sick and Accident Benefits.....\$20.00

LIFE INSURANCE

The amount of life insurance, One Thousand Dollars (\$1,000.00) is payable, in the event of an employee's death from any cause while insurance is in force, to the person or persons named by the employee, as beneficiary.

Employee may, at any time, change beneficiary by making written request on a form supplied by the office of the Supervisor of Insurance, Chicago Surface Lines, 231 South La Salle Street, Chicago.

TOTAL AND PERMANENT DISABILITY

If an employee, while insured and before reaching his sixtieth birthday, becomes totally and permanently disabled, either through sickness or accident on or off the job, the amount of his life insurance will be paid to him in twenty (20) monthly installments of \$51.04.

If the employee dies before receiving all of such installments, the unpaid balance will be paid to his beneficiary in one sum.

SICK AND ACCIDENT BENEFITS

A weekly benefit of Twenty Dollars (\$20.00) is payable in the event of temporary total disability resulting from sickness or accident.

No benefit will be paid for the first seven days, or for more than twenty-six (26) consecutive weeks of any single disability.

No benefit will be paid for:

- (1) Any period of incapacity for which the employee is not treated by a licensed physician.
- (2) Any period of incapacity for which the employee is entitled to indemnity or compensation under the Workmen's Compensation Act, except to the extent of the difference between such compensation allowance and the twenty dollars (\$20.00) per week provided by such health insurance.
- (3) Sickness contracted or suffered, or injuries sustained outside of the continental limits of the United States of North America, or Canada, or in any part of either, north of the 60th degree north latitude; nor sickness or injury caused directly or indirectly by war or riot, or while participating in, or in consequence of having participated in aeronautics; nor intentional self-inflicted injury, while sane or insane.

TERMINATION OF INSURANCE

The life insurance, and sickness and accident insurance of any employee shall end when his active employment with the Chicago Surface Lines ends. The insurance of an employee who is granted leave of absence for more than two weeks will not be continued beyond that period unless he secures the approval of the Supervisor of Insurance; form on which to apply for such approval will be supplied.

MEDICAL EXAMINATIONS

No medical examinations are required for employees now in service. New employees must pass medical examination satisfactory to the Surface Lines Insurance Department. No certificate of insurance will be issued to any employee until he fills out a Census Card furnished by the Chicago Surface Lines. The completed Census Card should be delivered by the employee to his Superintendent, Foreman or Department Head for filing with the Supervisor of Insurance, Chicago Surface Lines.

HOW TO FILE CLAIMS

1st—In event of death, prompt notification by telephone should be made by the beneficiary, next of kin, or someone qualified to furnish this information, to F. M. Hamilton, Supervisor, Chicago Surface Lines Insurance Department, 231 South La Salle Street, Chicago, telephone number Dearborn 8800.

2nd—In event of disability—an employee off duty and unable to work for three consecutive days on account of sickness or injury, must fill out and send *at once* Disability Notice enclosed herewith, (C. S. L. Ins. Dept. No. 2,) to:

F. M. Hamilton,
Supervisor—Insurance Department,
Chicago Surface Lines,
231 South La Salle Street,
CHICAGO.

This Disability Notice should be mailed so as to reach the office of the Insurance Department on the *fourth* day of incapacity for work. Failure to send the Disability Notice will cause delay and may jeopardize the settlement. Additional copies of this form may be secured from your divisional headquarters or from the Insurance Department, 231 South La Salle Street, Chicago. After mailing Disability Notice *please do not* telephone the office of the Insurance Department regarding the claim. Each case will be investigated, provided

incapacity for work due to sickness or injury lasts longer than seven days. Please bear in mind that no benefits will be paid for the first seven days of disability.

All questions regarding rights and privileges under the insurance policies should be taken up with the office of the Supervisor, Chicago Surface Lines Insurance Department, 231 South La Salle Street, Chicago. On no occasion is an employee to correspond directly with the insurance company. To do so would simply cause delay and confusion. Certificates of insurance, together with this pamphlet and the disability notice, should be kept in a safe place, known at all times to the beneficiary. It is not necessary nor advisable for the employee or beneficiary to employ the agency of any person in collecting the insurance under this plan.

F. M. Hamilton,
Supervisor of Insurance.

Follow this guide in filling out your application card.
Write plainly or print.

Form C.S.L.—INS. No. 1

CHICAGO SURFACE LINES

Name of Employee.....*Jones*.....*Henry*.....*Harrison*.....*Married*
Last First Middle

Address.....*3540*.....*Park Ave.*.....*Chicago*.....*White*
Number Street City Color

Date of Birth.....*March*.....*10*.....*1892*.....Age Nearest Birthday.....*35*
Month Day Year

Continuously Employed Since.....*April*.....*8*.....*1919*
Month Day Year

Occupation.....*Motorman*.....Dept.....*Transportation*

Division.....*Seventh*.....Payroll No.*343*.....Badge No.....*2147*

Name of Beneficiary.....*Jones*.....*Hazel*.....*Allan*.....Relationship.....*Wife*
Last First Middle

Address of Beneficiary.....*3540*.....*Park Ave.*.....*Chicago*

Date.....*April 1st, 1927*

Note—Day, Month and Year Necessary. Initials not sufficient, Please PRINT names in full.

For Information

PHONE DEA rborn 8800

Ask For

Insurance Department

F. M. HAMILTON,
Supervisor.

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