

CYRIL M KEARL  
BOX 145  
GARDEN CITY UT 8402

RETIREMENT EFFECTIVE AUGUST 1, 1

GENERAL ELECTRIC

**YOUR  
RETIREMENT  
BENEFITS**



CYRIL M KEARL

GENERAL ELECTRIC PENSION PLAN  
STATEMENT OF BENEFITS

STATEMENT OF INSURANCE BENEFITS

CYRIL M KEARL  
BOX 145  
GARDEN CITY UT

518-20-0285  
BORN JULY 20, 1923

84028

MEDICAL EXPENSE INSURANCE

UNTIL YOU ARE 65.

OPTIONAL RETIREMENT EFFECTIVE AUGUST 1, 1983

WITH 50% SURVIVORSHIP OPTION EFFECTIVE ON AUGUST 1, 1983  
SPOUSE'S DATE OF BIRTH DECEMBER 9, 1922

INSURANCE PLAN YOU ARE ENROLLED FOR  
MEDICAL INSURANCE COVERAGE FOR YOUR DEPENDENTS.

YOUR COVERAGE UNDER THE DENTAL ASSISTANCE PLAN WILL CONTINUE AS

\*\*\*\*\* SUMMARY \*\*\*\*\* COVERED

UNDER THE DENTAL ASSISTANCE PLAN

MONTHLY BENEFITS BEGINNING AUGUST 1, 1983

AFTER YOU ARE 65.

1287.98 REGULAR PENSION

YOU ARE ENROLLED FOR THE GE MEDICAL CARE PLAN

FOR P 175.00 SUPPLEMENTAL PAYMENT  
1462.98 TOTAL MONTHLY BENEFITS

MONTHLY BENEFITS BEGINNING SEPTEMBER 1, 1985

FOLLOWING MEMORANDUM YOUR SPOUSE IS ALSO COVERED UNDER

THE PENSION PLAN AS DESCRIBED IN THE

1287.98 REGULAR PENSION

1287.98 TOTAL MONTHLY BENEFITS

YOU ARE ENROLLED FOR COVERAGE UNDER THE GE PENSIONERS HOSPITAL

INDemnITY PLAN.

YOUR CONTRIBUTIONS TOWARD THIS PENSION TOTAL \$16138.12

LIFE INSURANCE COVERAGE.

\*\*\*\*\* END SUMMARY \*\*\*\*\*

GENERAL ELECTRIC INSURANCE PLAN

\*\*\*\*\* PENSIONERS BENEFICIARY \*\*\*\*\* EFFECTIVE THE FIRST OF THE MONTH

AFTER AGE 65 YOUR COVERAGE WILL REDUCE BY 25% OF THIS AMOUNT

THE PRIMARY BENEFICIARY FOR YOUR PENSION BENEFITS

DESIGNATED BY YOU IS MARY F KEARL

YOU DESIGNATED AS YOUR BENEFICIARY

MARY F KEARL

GENERAL ELECTRIC DEPENDENT LIFE INSURANCE PLAN

YOU ARE ENROLLED FOR COVERAGE OF YOUR DEPENDENTS UNDER THIS PLAN.

A CONTRIBUTION OF \$1.00 PER MONTH FOR THIS COVERAGE WILL BE DEDUCTED

FROM YOUR MONTHLY PENSION PAYMENT.

GENERAL ELECTRIC ADDITIONAL LIFE INSURANCE PLAN

YOUR COVERAGE AT AGE 65 IS \$103200. EFFECTIVE THE FIRST OF THE MONTH

AFTER AGE 65, YOUR COVERAGE AND CONTRIBUTIONS WILL BE BASED ON THE

AFTER AGE 65 COVERAGE. YOU WILL BE PROVIDED WITH ADDITIONAL INFORMATION

IN THE FUTURE.

YOU DESIGNATED AS YOUR BENEFICIARY

MARY F KEARL

SUBJECT: RETIRED EMPLOYEE INFORMATION

TO RETIRING EMPLOYEES:

THE ENCLOSED STATEMENTS OF YOUR GENERAL ELECTRIC PENSION AND INSURANCE PLAN BENEFITS SHOULD BE RETAINED IN A SAFE PLACE. THEY SUPPLEMENT THE PLAN DESCRIPTIONS AND OTHER MATERIAL FURNISHED YOU AS AN ACTIVE EMPLOYEE AND CONTAIN INFORMATION ABOUT YOUR MONTHLY PENSION PAYMENT AND YOUR MEDICAL AND LIFE INSURANCE COVERAGE AS A RETIRED EMPLOYEE.

ALSO ENCLOSED IS A FORM TO BE COMPLETED AND SENT TO US IF YOU CHANGE YOUR ADDRESS. IN ADDITION, YOU WILL FIND TWELVE IDENTIFICATION LABELS. PLEASE AFFIX ONE OF THESE LABELS TO ANY MEDICAL CLAIM FORM OR CORRESPONDENCE YOU SEND TO US, AS THIS WILL SPEED UP PROCESSING AND REPLY.

THE FOLLOWING GENERAL INFORMATION WILL HELP YOU UNDERSTAND THE BENEFITS AVAILABLE TO YOU AS A GENERAL ELECTRIC PENSIONER.

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## PENSION

### MONTHLY PAYMENTS

YOUR PENSION WILL BE PAID AT THE BEGINNING OF EACH MONTH FOR THAT MONTH. THE GROSS PAYMENT SHOWN ON THE ENCLOSED STATEMENT OF PENSION BENEFITS WILL BE REDUCED FOR TAXES, INSURANCE AND ANY OTHER DEDUCTIONS AUTHORIZED BY YOU OR REQUIRED BY LAW. YOU HAVE RECEIVED AN INITIAL STATEMENT FROM PENSION ADMINISTRATION SHOWING YOUR GROSS PENSION, THE MONTHLY DEDUCTIONS, AND YOUR NET MONTHLY PENSION PAYMENT. FUTURE MONTHLY PAYMENTS WILL BE FOR THE SAME AMOUNT UNTIL YOU ARE NOTIFIED DIFFERENTLY. WHENEVER THERE IS A CHANGE TO YOUR GROSS PAYMENT OR YOUR DEDUCTIONS, YOU WILL RECEIVE A NEW STATEMENT EXPLAINING THE CHANGE AND THE EFFECT IT HAS ON THE AMOUNT OF YOUR MONTHLY PENSION PAYMENT.

IF YOU HAVE NOT REQUESTED THAT YOUR MONTHLY CHECK BE SENT DIRECTLY TO YOUR BANK, YOU ARE STRONGLY URGED TO CONSIDER THE MANY ADVANTAGES AVAILABLE TO YOU UNDER SUCH AN ARRANGEMENT. SOME OF THESE ARE SHOWN BELOW:

- YOU DON'T HAVE TO WORRY ABOUT LOSING YOUR CHECK OR HAVING IT STOLEN OR DELIVERED TO THE WRONG LOCATION.
- YOU DON'T HAVE TO BE CONCERNED ABOUT BEING HOME WHEN THE CHECK ARRIVES OR YOUR PERSONAL SAFETY WHILE TAKING THE CHECK TO THE BANK.
- YOU DON'T HAVE TO STAND IN LINE TO CASH OR DEPOSIT YOUR CHECK.

### MONTHLY PAYMENTS (CONT'D.)

- YOU DON'T HAVE ANY PROBLEM CASHING YOUR CHECK BECAUSE IT GOES DIRECTLY INTO YOUR BANK ACCOUNT.
- IF YOU ARE AWAY FROM HOME, YOUR MONEY IS IN YOUR BANK ACCOUNT WHEN YOU NEED IT, INSTEAD OF SITTING IN YOUR MAIL BOX.
- YOU DON'T NEED TO NOTIFY PENSION ACCOUNTING OF A TEMPORARY ADDRESS CHANGE WHILE ON VACATION OR MAKE SPECIAL ARRANGEMENTS TO SAFEGUARD YOUR CHECK UNTIL YOU RETURN.
- YOU DON'T HAVE TO BE CONCERNED ABOUT THE DELAYS THAT OFTEN OCCUR WITH THE U.S. POSTAL SERVICE.
- IN CASE OF INCLEMENT WEATHER OR ILLNESS, YOU WILL NOT HAVE TO BE CONCERNED WITH GOING OUT TO CASH YOUR PENSION CHECK.

YOU MAY MAKE THE CHANGE AT ANY TIME BY COMPLETING THE APPROPRIATE PORTION OF THE ENCLOSED FORM AND MAILING IT TO THE ADDRESS SHOWN ON THE FORM.

### SURVIVORSHIP OPTION

IF YOU ELECTED A SURVIVORSHIP OPTION IT WILL BE SHOWN ON THE ENCLOSED STATEMENT OF PENSION BENEFITS. IF THE SURVIVORSHIP OPTION IS IN EFFECT AT THE TIME OF YOUR DEATH, MONTHLY PAYMENTS WILL CONTINUE TO BE PAID TO THE PERSON WHO IS YOUR SPOUSE AT THE TIME OF RETIREMENT. THE AMOUNT OF SUCH PAYMENTS WILL BE EITHER 50% OR 100% OF YOUR GROSS PENSION EXCLUDING ANY SUPPLEMENTAL PAYMENTS, DEPENDING UPON THE TYPE OF SURVIVORSHIP OPTION WHICH YOU ELECTED.

A SURVIVORSHIP OPTION MAY BE REVOKED UNDER CERTAIN CIRCUMSTANCES, SUCH AS CHANGE IN MARITAL STATUS, UNDER RULES ESTABLISHED BY THE PENSION BOARD. THIS OPTION WILL BE REVOKED IF YOUR SPOUSE PREDECEASES YOU WITHIN FIVE YEARS OF YOUR RETIREMENT. IF YOU ELECT A SURVIVORSHIP OPTION AND DECIDE THAT YOU WANT TO REVOKE IT, YOU SHOULD CONTACT THIS OFFICE.

YOU SHOULD ALSO UNDERSTAND THAT CHANGING YOUR BENEFICIARY UNDER THE PROVISIONS OF THE PENSION PLAN DOES NOT AFFECT YOUR PREVIOUS ELECTION WITH RESPECT TO A SURVIVORSHIP OPTION.

### FEDERAL INCOME TAX INFORMATION

#### (A) NORMAL OR OPTIONAL RETIREMENT

IF THE PENSION PAYABLE DURING THE FIRST THIRTY-SIX MONTHS AFTER PAYMENTS COMMENCE WILL TOTAL AT LEAST THE AMOUNT OF YOUR CONTRIBUTIONS TO THE PLAN, WHICH ARE SHOWN ON THE

ENCLOSED STATEMENT OF PENSION BENEFITS, YOU WILL NOT BE REQUIRED TO PAY FEDERAL INCOME TAX ON ANY AMOUNTS YOU RECEIVE UNDER THE PENSION PLAN UNTIL THEY EQUAL YOUR OWN CONTRIBUTIONS. AFTER THAT YOUR ENTIRE PENSION BECOMES TAXABLE INCOME. IF YOU WILL NOT RECOVER YOUR CONTRIBUTIONS IN THIRTY-SIX MONTHS, YOUR PENSION WILL BE TAXED UNDER THE IRS ANNUITY RULES.

(B) DISABILITY RETIREMENT

IF YOU RETIRED ON A DISABILITY PENSION, AND AT THE DATE OF SUCH RETIREMENT YOU ARE ELIGIBLE FOR SOCIAL SECURITY DISABILITY BENEFITS, THE PENSION PAYMENTS YOU RECEIVE (UP TO \$433.33 PER MONTH) MAY BE EXCLUDED FROM YOUR GROSS INCOME FOR FEDERAL INCOME TAX PURPOSES UNTIL THE FIRST OF THE YEAR IN WHICH YOU REACH AGE 65. THE AMOUNT EXCLUDABLE IN ANY YEAR IS REDUCED, HOWEVER, BY THE EXCESS (IF ANY) OF YOUR ADJUSTED GROSS INCOME, INCLUDING YOUR DISABILITY PENSION, OVER \$15 000. STARTING WITH THE YEAR IN WHICH YOU REACH AGE 65, YOUR PENSION PAYMENTS ARE TAXED UNDER THE RULES OUTLINED IN (A) ABOVE. YOU MAY, AS AN ALTERNATIVE, HAVE YOUR DISABILITY PENSION TAXED UNDER THE RULES OUTLINED IN (A) ABOVE STARTING WITH ANY YEAR PRIOR TO THE YEAR IN WHICH YOU ATTAIN AGE 65 BY IRREVOCABLY ELECTING NOT TO SEEK THE BENEFIT OF THE DISABILITY PENSION EXCLUSION FOR THAT EARLIER YEAR AND ALL SUBSEQUENT YEARS.

THE ACTUAL INTERNAL REVENUE SERVICE REQUIREMENTS ARE COMPLICATED. IF YOU HAVE ANY QUESTIONS, WE SUGGEST YOU GET IN TOUCH WITH YOUR TAX OR LEGAL ADVISOR, OR YOUR LOCAL INTERNAL REVENUE SERVICE OFFICE. PLEASE NOTE THAT NO REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ADVISE YOU ON THE PREPARATION OF YOUR INCOME TAX RETURN.

IN JANUARY OF EACH YEAR YOU WILL RECEIVE A STATEMENT (W-2 AND/OR W-2P) SHOWING THE TOTAL PENSION PAID TO YOU DURING THE PRECEDING YEAR. THIS WILL ASSIST YOU IN FILING YOUR INCOME TAX RETURN.

ENDORSEMENT OF PENSION CHECKS

IF YOU RECEIVE A PENSION CHECK IT IS IMPORTANT THAT YOU ENDORSE IT PERSONALLY AND EXACTLY AS YOUR NAME APPEARS ON THE FACE OF THE CHECK. IF FOR ANY REASON YOU ARE UNABLE TO ENDORSE YOUR CHECKS, YOU OR A MEMBER OF YOUR FAMILY SHOULD GET IN TOUCH WITH PENSION ACCOUNTING SO THAT SUITABLE ARRANGEMENTS CAN BE MADE. YOU CAN WRITE TO THE SAME ADDRESS AS USED FOR CHANGE OF ADDRESS, BENEFICIARY OR NAME (BELOW).

CHANGE OF ADDRESS, BENEFICIARY, NAME OR MARITAL STATUS

THIS OFFICE SHOULD BE NOTIFIED PROMPTLY IF YOU WISH TO REPORT A CHANGE OF ADDRESS, NAME, OR BENEFICIARY FOR GE PENSION PLAN PURPOSES.

IF YOU CHANGE YOUR ADDRESS, PLEASE COMPLETE THE ENCLOSED "CHANGE OF ADDRESS" FORM AND MAIL IT TO THE ADDRESS ON THE NEXT PAGE. IF YOU RECEIVE YOUR PENSION CHECK BY MAIL, THIS CHANGE OF ADDRESS NOTICE MUST BE RECEIVED BY THE 1ST OF THE MONTH TO BE EFFECTIVE WITH THE NEXT MONTHLY PAYMENT.

TO REGISTER A CHANGE OF BENEFICIARY, A CHANGE IN NAME, OR REPORT A CHANGE IN MARITAL STATUS, PLEASE NOTIFY THIS OFFICE IN WRITING AT THE FOLLOWING ADDRESS:

GENERAL ELECTRIC COMPANY  
PENSION ADMINISTRATION  
1 RIVER ROAD  
SCHENECTADY, NY 12345

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MEDICAL EXPENSE INSURANCE

UNTIL YOU REACH AGE 65

(A) GENERAL ELECTRIC INSURANCE PLAN

YOUR PERSONAL COMPREHENSIVE MEDICAL EXPENSE INSURANCE BENEFITS WILL BE CONTINUED AT NO COST TO YOU, IN ACCORDANCE WITH THE GENERAL ELECTRIC INSURANCE PLAN, UNTIL THE END OF THE MONTH IN WHICH YOU REACH AGE 65. IF YOU HAVE ENROLLED FOR COMPREHENSIVE MEDICAL EXPENSE INSURANCE BENEFITS FOR YOUR DEPENDENTS, THE COST OF \$8.33 PER MONTH WILL BE DEDUCTED FROM YOUR PENSION CHECK. UNDER CERTAIN CIRCUMSTANCES, COVERAGE UNDER THIS PLAN MAY BE CONTINUED FOR YOU BEYOND AGE 65 AND/OR FOR YOUR ELIGIBLE DEPENDENTS UNDER AGE 65. AS YOUR 65TH BIRTHDATE NEARS, YOU WILL BE ADVISED OF COVERAGE AVAILABLE TO YOU AND YOUR DEPENDENTS AFTER YOU ARE 65.

IN THE EVENT OF A HOSPITAL CONFINEMENT AND CERTAIN OUTPATIENT SERVICES, YOU SHOULD PRESENT YOUR GE/BLUE CROSS ID CARD TO THE HOSPITAL. WHEN COVERED MEDICAL EXPENSES OTHER THAN HOSPITALIZATION ARE INCURRED, ONE OF THE ENCLOSED CLAIM FORMS SHOULD BE COMPLETED AND FORWARDED WITH THE MEDICAL BILLS TO:

GENERAL ELECTRIC COMPANY  
P.O. Box 830  
SCHENECTADY, NY 12301

(B) DENTAL ASSISTANCE PLAN

GENERAL ELECTRIC DENTAL ASSISTANCE PLAN BENEFITS WILL BE CONTINUED FOR YOU AND YOUR ELIGIBLE DEPENDENTS UNTIL THE END OF THE MONTH IN WHICH YOU REACH AGE 65. THE COMPANY PAYS THE FULL COST OF THE BENEFITS PROVIDED BY THIS PLAN.

TO OBTAIN BENEFITS UNDER THIS PLAN, A DENTAL ASSISTANCE PLAN CLAIM FORM (FN-691A) SHOULD BE COMPLETED AND FORWARDED TO:

GENERAL ELECTRIC DENTAL CLAIM OFFICE - 229  
CONNECTICUT GENERAL LIFE INSURANCE COMPANY  
HARTFORD, CONNECTICUT 06152

SINCE YOUR CLAIM RECORDS WILL BE MAINTAINED BY CONNECTICUT GENERAL, THE FOLLOWING TOLL-FREE TELEPHONE NUMBERS MAY BE USED IF YOU HAVE ANY QUESTIONS CONCERNING YOUR COVERAGE OR CLAIM BENEFIT PAYMENTS:

1-800-243-5771	CALLS FROM ALL STATES EXCEPT ALASKA, HAWAII AND CONNECTICUT
1-800-842-1228	CALLS WITHIN CONNECTICUT ONLY
(203) 677-7131	LOCAL CALLS AND ALL OTHER AREAS (COLLECT)

AFTER YOU REACH AGE 65

(A) GENERAL ELECTRIC MEDICAL CARE PLAN FOR PENSIONERS

ELIGIBILITY FOR BENEFITS UNDER THIS PLAN REQUIRES 10 OR MORE YEARS OF CONTINUOUS SERVICE PRIOR TO RETIREMENT. YOUR STATEMENT OF INSURANCE BENEFITS INDICATES WHETHER OR NOT YOU ARE ELIGIBLE.

IF YOU ARE ELIGIBLE, YOUR COVERAGE WILL AUTOMATICALLY BECOME EFFECTIVE ON THE FIRST OF THE MONTH FOLLOWING YOUR 65TH BIRTHDAY. YOU WILL RECEIVE A BOOKLET DESCRIBING THIS PLAN WHICH PROVIDES BENEFITS FOR BOTH YOU AND YOUR SPOUSE. YOU ARE NOT REQUIRED TO PAY FOR THIS COVERAGE.

IF YOU ARE NOT ELIGIBLE FOR THIS PLAN, SHORTLY BEFORE YOUR 65TH BIRTHDAY YOU WILL BE GIVEN THE OPPORTUNITY TO APPLY TO THE INSURANCE COMPANY FOR A PRIVATE POLICY WITHOUT THE REQUIREMENT OF A MEDICAL EXAMINATION. IF YOU HAD DEPENDENT MEDICAL INSURANCE COVERAGE UNDER THE GE INSURANCE PLAN, YOU WILL BE ABLE TO REQUEST A COMPARABLE POLICY FOR YOUR ELIGIBLE DEPENDENTS.

(B) GENERAL ELECTRIC PENSIONERS HOSPITAL INDEMNITY PLAN

THE GE PENSIONERS HOSPITAL INDEMNITY PLAN PROVIDES ADDITIONAL MEDICAL INSURANCE, AT A LOW COST, TO COVER CONFINEMENTS FOR YOURSELF AND YOUR SPOUSE (IF AGE 65) IN A HOSPITAL OR EXTENDED CARE FACILITY. THE COST OF THIS INSURANCE WILL BE DEDUCTED FROM YOUR MONTHLY PENSION CHECK BEGINNING THE FIRST OF THE MONTH FOLLOWING YOUR 65TH BIRTHDAY.

YOUR STATEMENT OF INSURANCE BENEFITS INDICATES WHETHER OR NOT YOU HAVE ENROLLED FOR THIS INSURANCE. IF YOU ARE RETIRING PRIOR TO AGE 65, AND HAVE NOT YET ENROLLED IN THIS PLAN, YOU WILL HAVE AN OPPORTUNITY TO ENROLL WHEN YOU ATTAIN AGE 65. AT THAT TIME YOU WILL RECEIVE A BOOKLET DESCRIBING THIS PLAN.

(C) GENERAL ELECTRIC PRESCRIPTION DRUG PLAN

YOU WILL AUTOMATICALLY BE ENROLLED IN THE GE PENSIONERS PRESCRIPTION DRUG PLAN ON THE FIRST OF THE MONTH FOLLOWING YOUR 65TH BIRTHDAY PROVIDED YOU ARE ELIGIBLE FOR BENEFITS UNDER THE GE MEDICAL CARE PLAN FOR PENSIONERS. THE PLAN ALSO PROVIDES BENEFITS FOR YOUR SPOUSE AND FOR SURVIVING SPOUSES.

THE COMPANY PAYS THE COST OF THE BENEFITS PROVIDED BY THE PLAN AND, AS A PLAN MEMBER, YOU PAY A PORTION OF THE COST OF EACH COVERED PRESCRIPTION OR REFILL.

YOU WILL RECEIVE A PACKAGE OF INFORMATION ABOUT THIS PLAN DIRECTLY FROM THE METROPOLITAN LIFE INSURANCE COMPANY, THE INSURANCE CARRIER. IN THE EVENT THIS INFORMATION IS NOT RECEIVED BY THE TIME YOUR GE INSURANCE PLAN COVERAGE TERMINATES, PLEASE CONTACT:

METROPOLITAN LIFE INSURANCE COMPANY  
MEDI MET CLAIMS OFFICE  
PO Box 3018  
UTICA, NY 13504

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LIFE INSURANCE

CONTINUED PROTECTION AT NO COST

YOUR LIFE INSURANCE WILL BE CONTINUED AT NO COST TO YOU UNDER THE PROVISIONS OF THE GE INSURANCE PLAN.



COMMENCING ON THE FIRST DAY OF THE CALENDAR MONTH FOLLOWING YOUR 65TH BIRTHDAY, AND MONTHLY THEREAFTER, THE AMOUNT OF YOUR LIFE INSURANCE COVERAGE WILL BE REDUCED BY 2.5% OF THE TOTAL AMOUNT OF LIFE INSURANCE IN EFFECT ON YOUR LIFE WHEN YOU ATTAIN AGE 65 UNTIL IT REACHES THE ULTIMATE SHOWN IN YOUR ENCLOSED STATEMENT OF INSURANCE BENEFITS.

CHANGE OF BENEFICIARY OR CHANGE OF NAME

IF YOU WISH TO CHANGE THE BENEFICIARY OF YOUR LIFE INSURANCE COVERAGE, OR IF YOU WISH TO REGISTER A CHANGE IN YOUR NAME, NOTIFY US AT THE FOLLOWING ADDRESS:

GENERAL ELECTRIC COMPANY  
PENSION ADMINISTRATION  
1 RIVER ROAD  
SCHENECTADY, NY 12345

DEPENDENT LIFE INSURANCE

LIFE INSURANCE FOR YOUR DEPENDENTS MAY BE CONTINUED AFTER RETIREMENT UNDER THE GENERAL ELECTRIC DEPENDENT LIFE INSURANCE PLAN. IF YOU ARE ENROLLED IN THIS PLAN, LIFE INSURANCE COVERAGE FOR YOUR SPOUSE AND ELIGIBLE DEPENDENT CHILDREN WILL BE BASED ON THE OPTION YOU SELECTED BEFORE RETIREMENT:

	<u>AMOUNT OF INSURANCE</u>	
	<u>SPOUSE</u>	<u>EACH CHILD</u>
OPTION I	\$ 5 000	\$1 000
OPTION II	\$10 000	\$2 000
OPTION III	\$15 000	\$3 000

THE REQUIRED CONTRIBUTION WILL BE DEDUCTED FROM YOUR MONTHLY PENSION PAYMENT.

UPON THE DEATH OF AN INSURED SPOUSE OR DEPENDENT CHILD, PROMPTLY NOTIFY US AT THE ADDRESS SHOWN BELOW SO THAT NECESSARY ARRANGEMENTS CAN BE MADE FOR PAYMENT OF THE INSURANCE TO WHICH YOU MAY BE ENTITLED:

GENERAL ELECTRIC COMPANY  
PENSION ADMINISTRATION  
1 RIVER ROAD  
SCHENECTADY, NY 12345

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GENERAL

PURCHASES OF COMPANY PRODUCTS

YOU CONTINUE TO BE ELIGIBLE FOR EMPLOYEE PRODUCT PURCHASE PLAN DISCOUNTS WHEN YOU PURCHASE CERTAIN GENERAL ELECTRIC AND HOTPOINT PRODUCTS. YOU SHOULD PROCEED AS FOLLOWS:

A. PRODUCTS FOR PERSONAL USE - IF YOU PURCHASE A TELEVISION, AN AIR CONDITIONER, OR MAJOR HOUSEHOLD APPLIANCES FOR PERSONAL USE IN YOUR HOME, YOU SHOULD:

- (1) OBTAIN THE BEST POSSIBLE PRICE FROM YOUR RETAIL DEALER;
- (2) MAKE CERTAIN THAT THE PARTICULAR MODEL YOU ARE PURCHASING IS ELIGIBLE FOR THE EMPLOYEE DISCOUNT ALLOWANCE;
- (3) WITHIN 30 DAYS AFTER DELIVERY OR THE DATE YOU TAKE TITLE TO A NEW HOME WITH GENERAL ELECTRIC OR HOTPOINT APPLIANCES, SEND THE SALES SLIP, INVOICE, COPY OF SALES CONTRACT OR STATEMENT FROM BUILDER TO:

GENERAL ELECTRIC COMPANY  
PENSION PAYROLL  
1 RIVER ROAD  
SCHENECTADY, NY 12345

BE SURE YOUR SALES SLIP, INVOICE, OR SALES CONTRACT SHOWS THE DEALER'S NAME AND ADDRESS, DATE OF PURCHASE, MODEL NUMBER OF THE PRODUCT PURCHASED, THE ADDRESS TO WHICH IT WAS DELIVERED AND THE DATE OF DELIVERY. MAKE CERTAIN YOUR NAME, SOCIAL SECURITY NUMBER, AND DATE OF RETIREMENT ARE CLEARLY AND CORRECTLY SHOWN. FAILURE TO SHOW ANY OF THIS INFORMATION MAY RESULT IN A DELAY IN REIMBURSEMENT.

IF THE TRANSACTION MEETS THE CONDITIONS OF THE PLAN, PENSION ACCOUNTING WILL SEND YOU A CHECK.

B. PRODUCTS FOR GIFTS - IF YOU PURCHASE A TELEVISION TO BE GIVEN AS A GIFT TO A MEMBER OF YOUR IMMEDIATE FAMILY, YOU SHOULD:

(1) MAKE CERTAIN THAT THE PARTICULAR MODEL YOU ARE PURCHASING QUALIFIES AS AN ALLOWABLE GIFT ITEM UNDER TERMS OF THE PLAN AND THAT ALL FREQUENCY OF PURCHASE RESTRICTIONS ARE MET;

(2) FOLLOW THE PROCEDURES OUTLINED IN (A) ABOVE.

C. SMALL APPLIANCES - PRODUCTS NOT QUALIFYING FOR A SPECIAL DISCOUNT (SUCH AS TOASTERS, CLOCKS, RADIOS AND OTHER SMALL APPLIANCES), MAY BE PURCHASED AT A LOCAL GE EMPLOYEE STORE.

#### SUGGESTIONS

ANY SUGGESTIONS CONCERNING OPERATIONS OR PRODUCTS OF THE COMPANY WHICH YOU WISH TO SUBMIT FORMALLY, SHOULD BE SENT TO:

SUBMITTED IDEAS - CORPORATE LEGAL OPERATION  
GENERAL ELECTRIC COMPANY  
3135 EASTON TURNPIKE  
FAIRFIELD, CONNECTICUT 06431

#### GENERAL ELECTRIC SAVINGS AND STOCK BONUS PLAN

AT AGE 65, YOU MAY WITHDRAW ALL SAVINGS BONDS IN YOUR ACCOUNT WITHOUT WAITING FOR THE NORMAL FIVE YEAR HOLDING PERIOD TO END. YOU WILL NOT FORFEIT THE STOCK BONUS FOR WHICH YOU WERE CONDITIONALLY CREDITED FOR THE YEARS THOSE BONDS WERE PURCHASED. AS EACH HOLDING PERIOD ENDS, YOU WILL RECEIVE YOUR STOCK BONUS AND ANY INCOME EARNED BY YOUR STOCK.

FOR A CHANGE OF ADDRESS OR OTHER INFORMATION CONCERNING YOUR SAVINGS UNDER THE SAVINGS AND STOCK BONUS PLAN, PLEASE WRITE TO:

GENERAL ELECTRIC COMPANY  
EMPLOYEE SAVINGS OPERATION  
BUILDING 5 - 1ST FLOOR-EAST  
1 RIVER ROAD  
SCHENECTADY, NY 12345

GENERAL ELECTRIC STOCK

FOR A CHANGE OF ADDRESS OR OTHER INFORMATION CONCERNING YOUR OWNERSHIP OF GE STOCK, PLEASE WRITE TO:

GENERAL ELECTRIC COMPANY  
SECURITIES OWNERSHIP RECORDS  
BUILDING 5 - 1ST FLOOR-EAST  
1 RIVER ROAD  
SCHENECTADY, NY 12345

GE STOCK REDEMPTION PROGRAM

IF YOU OWN SHARES OF GE STOCK ACQUIRED UNDER THE SAVINGS AND SECURITY PROGRAM, SAVINGS AND STOCK BONUS PLAN, OR EMPLOYEE STOCK OWNERSHIP PLAN (ESOP) YOU MAY REDEEM SUCH STOCK THROUGH THE STOCK REDEMPTION PROGRAM. STOCK WILL BE PURCHASED FREE OF ODD-Lot CHARGE AND BROKERAGE COMMISSION.

COMPLETE RULES AND INSTRUCTIONS ON THE SALE OF YOUR STOCK TO THE COMPANY MAY BE OBTAINED FROM YOUR FORMER PAYROLL OFFICE OR BY WRITING TO:

GENERAL ELECTRIC COMPANY  
SECURITIES OWNERSHIP RECORDS  
BUILDING 5 - 1ST FLOOR-EAST  
1 RIVER ROAD  
SCHENECTADY, NY 12345

DEATH OF A PENSIONER OR SPOUSE OF A PENSIONER

UPON THE DEATH OF A PENSIONER OR SPOUSE, THE FOLLOWING OFFICE SHOULD BE PROMPTLY NOTIFIED SO THAT NECESSARY ARRANGEMENTS CAN BE MADE FOR PAYMENT OF ANY BENEFITS TO WHICH A BENEFICIARY MAY BE ENTITLED:

GENERAL ELECTRIC COMPANY  
PENSION ADMINISTRATION  
1 RIVER ROAD  
SCHENECTADY, NY 12345

TELEPHONE: (518) 385-3468

(518) 385-2211

IF EMERGENCY ASSISTANCE IS NEEDED, SURVIVORS MAY CONTACT THE NEAREST GENERAL ELECTRIC COMPANY LOCATION AND ASK FOR THE MANAGER, EMPLOYEE RELATIONS OR THE MANAGER, PERSONNEL ACCOUNTING.

OTHER

IF YOU HAVE ANY QUESTION CONCERNING YOUR PENSION RIGHTS, YOU SHOULD GET IN TOUCH WITH THE EMPLOYEE RELATIONS PERSONNEL WHERE YOU WERE EMPLOYED. IN THIS CONNECTION THOUGH, YOU SHOULD NOTE THAT NO STATEMENT AS TO PENSION RIGHTS MADE AT ANY TIME SHALL BE BINDING UPON THE PENSION BOARD OR THE COMPANY UNLESS MADE IN WRITING BY AN AUTHORIZED REPRESENTATIVE OF THE BOARD.

NO REPRESENTATIVE OF THE COMPANY IS EITHER AUTHORIZED OR ABLE TO ADVISE YOU AS TO SOCIAL SECURITY RIGHTS INASMUCH AS THE SOCIAL SECURITY ADMINISTRATION, AND NOT THE COMPANY, KEEPS THE REQUIRED RECORDS.

PLEASE AFFIX ONE OF THE ENCLOSED IDENTIFICATION LABELS TO ANY MEDICAL CLAIM FORM OR CORRESPONDENCE YOU SEND TO THIS OFFICE, OR EMPLOYEE SAVINGS OPERATION, OR CLEARLY SHOW YOUR NAME, ADDRESS, SOCIAL SECURITY NUMBER, DATE OF BIRTH, AND YOUR DATE OF RETIREMENT.

PENSION ADMINISTRATION

