

COMPLETION
This memorandum of information will be furnished to each officer and enlisted man separated from service in The United States Navy

INFORMATION RELATIVE TO COMPENSATION AND CONTINUANCE OF WAR RISK INSURANCE

Furnished To:

Heming

Orin

Newton

F2c, USN

(Surname)

(Christian name)

(Rank or rating)

WAR RISK INSURANCE.

All correspondence relating to War Risk Insurance should be addressed to "Bureau of War Risk Insurance, Treasury Department, Washington, D. C.," and always contain the following information:

Your first name, middle name, and last name, in full.

Your rank or rating at the time of applying for insurance.

Date of your discharge or separation from service.

Your present address.

1. Compensation is furnished to each and every man *without cost*. Insurance is in addition to compensation.

Your insurance amounts to \$ 10000

Your monthly premium is \$ 6.50

Your account is checked to April 30, 1919

After discharge from the service, when your Government pay ceases, you should send check or money order, drawn to the Treasurer of the United States, to the Disbursing Clerk, Bureau of War Risk Insurance, Treasury Department, Washington, D. C.

Do not wait for a notice, but send check or money order promptly on 1st of each month.

Keep your insurance in force without change until you receive notice about changing it to some other form of Government Insurance—it is a valuable option which you can not afford to lose. Government Insurance is now, and always will be cheaper than any other similar form of life insurance.

2. Should your address, or that of a beneficiary change at any time, *immediately* advise the Insurance Section, Bureau of War Risk Insurance, Treasury Department, Washington, D. C.

3. *Within five years* after the termination of the war, as declared by proclamation of the President, you must apply to the Bureau of War Risk Insurance, Treasury Department, Washington, D. C., for the conversion of your present policy into some other form of Government insurance, but keep your present insurance in force *for the full amount*, until you receive official notice from the Treasury Department concerning conversion.

4. You may change your beneficiary at any time provided the new beneficiary is within the permitted class. Those who may be designated are: A spouse, child, grandchild, parent, brother, or sister.

COMPENSATION.

All correspondence relating to compensation should be addressed to "Compensation Section, Bureau of War Risk Insurance, Treasury Department, Washington, D. C.," and always contain the following information:

- Your first name, middle name, and last name, in full.
- Your rank or rating at time of discharge.
- The date of your discharge or separation from the service.
- Your present address.

1. The United States will pay compensation for death or disability resulting from injury suffered or disease contracted in the line of duty by an officer or enlisted man *when employed in active service*, except where injury or disease has been caused by his own willful misconduct. Furthermore, dismissal or dishonorable discharge from the service terminates all rights to any compensation.

2. In case a man should discover after and within one year after separation from the service that he has sustained an injury or contracted disease in the line of duty when employed in active service which may result in disability or death, but which did not disable him and of which he had no knowledge at the time of separation from the service, he should communicate the fact immediately to the Compensation Section of the Bureau of War Risk Insurance, giving his full name, rank, or rating; the date of his discharge or separation from the service; and if possible, the date of his injury or disability, and at the same time request to be furnished a certificate to the fact that at the time of his separation from the service he was suffering from a wound, injury, or disease which is likely to result in death or disability. This certificate must be obtained within one year from the date of separation from the service and in order to obtain it the man must submit to a medical examination by a physician designated by the Bureau of War Risk Insurance.

3. No compensation will be payable for death or disability which does not occur prior to, or within one year from date of separation from the service.

4. No compensation is payable for disability unless claim is filed within five years after the date of separation from the service.

5. In order to procure compensation for disability the claimant shall submit to examination by a medical officer of the United States. If he refuses to submit to such examination, his right to compensation ceases.

6. Compensation is entirely separate and distinct from War Risk Insurance and should not be confused therewith.

O.D. POUTCH

Lieutenant

Pay Corps, U. S. Navy.

USS OHIO

(Ship or station.)

April 29, 1919

(Date.)

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APPLICATION FOR INSURANCE

My full name is Orin Newton Henning
(Given) (Middle) (Last name)
 Home address R R #1 Mendon Ill
(No. and street or rural route) (City, town, or post office) (State)
 Date of birth June 17 1897 Age 21
(Month) (Day) (Year) (Nearest birthday)
 Date of last enlistment or entry into active service 24 Aug 1918
(Give month, day, and year)

I hereby apply for insurance in the sum of \$ 10,000 payable as provided in the Act of Congress approved October 6, 1917, to myself during permanent total disability and from and after my death to the following persons in the following amounts:

| RELATIONSHIP TO ME | NAME OF BENEFICIARY <small>(Given) (Middle) (Last name)</small> | POST OFFICE ADDRESS <small>(a) No. and street or rural route (b) City, town, or post office and State</small> | AMOUNT OF INSURANCE FOR EACH BENEFICIARY <small>(In multiples of \$500 only)</small> |
|--------------------|--|--|---|
| Mother | Sarah Emma Henning | (a) <u>R R #1</u> (b) <u>Mendon</u> <u>Ill</u> | \$ <u>10,000</u> |
| | | (a) _____ (b) _____ | |
| | | (a) _____ (b) _____ | |
| | | (a) _____ (b) _____ | |
| | | (a) _____ (b) _____ | |
| | | (a) _____ (b) _____ | |

In case any beneficiary die or become disqualified after becoming entitled to an installment but before receiving all installments, the remaining installments are to be paid to such person or persons within the permitted class of beneficiaries as may be designated in my last will and testament, or in the absence of such will, as would under the laws of my place of residence be entitled to my personal property in case of intestacy.

I authorize the necessary monthly deduction from my pay, or if insufficient, from any deposit with the United States, in payment of the premiums as they become due, unless they be otherwise paid.

If this application is for more than \$4,000 insurance, I offer it and it is to be deemed made as of the date of signature.

If this application is for less than \$4,500 insurance and in favor of wife, child, or widowed mother, I offer it and it is to be deemed made as of February 12, 1918.

If this application is for less than \$4,500 and in favor of some person or persons other than wife, child, or widowed mother, I offer it and it is to be deemed made as of { Date of signature } Strike out whichever February 12, 1918, is not wanted.

NOTE.—If in the last paragraph you strike out "Date of signature" leaving "February 12, 1918," the law gives you \$25 a month for life in case of permanent total disablement occurring prior to such date and the same monthly amount to your widow, child, or widowed mother for not to exceed 240 months less payments made to you while living, but nothing to anyone else in case of your death before such date, and the insurance for the designated beneficiary other than wife, child, or widowed mother is effective only if you die on or after February 12, 1918.

If you strike out "February 12, 1918," leaving "Date of signature," a smaller insurance both against death and disability takes effect at once, but is payable in case of death to the designated beneficiary.

To whom do you wish policy sent? (Name) Sarah Emma Henning
 (Address) R R #1 Mendon Ill

Signed at (on board) Navy Recruiting Station, Peoria Ill
 the 24 day of Aug, 1918
 Witnessed by: H. C. Higley
 Rank Commanding
 Sign here Orin Newton Henning
 (Rank or rating) A B (Organization) U.S.

MONTHLY PREMIUMS FOR EACH \$1,000 OF INSURANCE.

(Each \$1,000 of insurance is payable in installments of \$5.75 per month for 240 months; but if the insured is totally and permanently disabled and lives longer than 240 months the payments will be continued as long as he lives and is so disabled.)

| Age | Monthly premium | Age | Monthly premium |
|-----|-----------------|-----|-----------------|
| 15 | \$0.63 | 40 | \$0.81 |
| 16 | .63 | 41 | .82 |
| 17 | .63 | 42 | .84 |
| 18 | .64 | 43 | .87 |
| 19 | .64 | 44 | .89 |
| 20 | .64 | 45 | .92 |
| 21 | .65 | 46 | .95 |
| 22 | .65 | 47 | .99 |
| 23 | .65 | 48 | 1.03 |
| 24 | .66 | 49 | 1.08 |
| 25 | .66 | 50 | 1.14 |
| 26 | .67 | 51 | 1.20 |
| 27 | .67 | 52 | 1.27 |
| 28 | .68 | 53 | 1.35 |
| 29 | .69 | 54 | 1.44 |
| 30 | .69 | 55 | 1.53 |
| 31 | .70 | 56 | 1.64 |
| 32 | .71 | 57 | 1.76 |
| 33 | .72 | 58 | 1.90 |
| 34 | .73 | 59 | 2.05 |
| 35 | .74 | 60 | 2.21 |
| 36 | .75 | 61 | 2.40 |
| 37 | .76 | 62 | 2.60 |
| 38 | .77 | 63 | 2.82 |
| 39 | .79 | 64 | 3.07 |
| | | 65 | 3.35 |

Insurance may be applied for in favor of one or more of the following persons with sum of \$500 or a multiple thereof for each beneficiary, the aggregate not exceeding the limit of \$10,000 and not less than \$1,000 upon any one life:

Husband or wife.

Child, including legitimate child; child legally adopted before April 6, 1917, or more than six months before enlistment or entrance into or employment in active service, whichever date is the later; stepchild, if a member of the insured's household; illegitimate child, but, if the insured is his father, only if acknowledged by instrument in writing signed by him, or if he has been judicially ordered or decreed to contribute to such child's support, and if such child, if born after December 31, 1917, shall have been born in the United States or in its insular possessions.

Grandchild, meaning a child, as above defined, of a child as above defined.

Parent, including father, mother, grandfather, grandmother, stepfather, and stepmother, either of the insured or of his/her spouse.

Brother or sister, including of the half blood as well as of the whole blood, stepbrothers and stepsisters and brothers and sisters through adoption.

Great Lakes Naval Training Station,

2-5828

Recorded by me this date. Checkage of premium (\$ 6.54) will be made by me monthly from date of application. First checkage made AUG 1918 191

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