

Announcement

**EMPLOYEES
GROUP
INSURANCE
PLAN**



GREENWOOD, MISSISSIPPI, U.S.A.

Mississippi

Announcement

SUPREME
INSTRUMENTS CORPORATION
GREENWOOD, MISSISSIPPI, U.S.A.

April 1945

To Our Employees:

In appreciation of your loyalty and efficient service during these most trying times, we are pleased to announce that arrangements have been made for the adoption of a Group Insurance Plan for you.

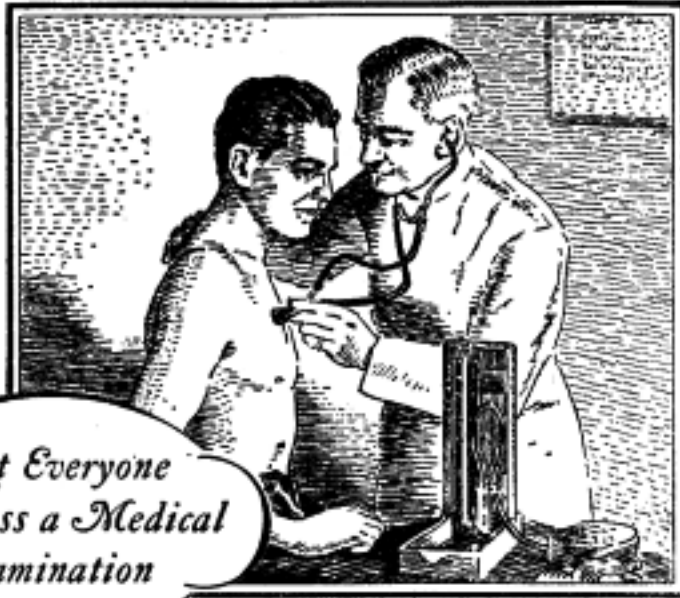
The Plan is briefly described in this announcement, and to give you definite assurance of security, it will be administered in accordance with a Contract issued by the Metropolitan Life Insurance Company.

The Plan offers you a most favorable opportunity to secure insurance benefits under terms not available to individuals in the open market.

Under the Plan, if you have less than four years of service, you will contribute toward your insurance as shown in the Schedule of Insurance, with your Employer making up the balance by a substantial contribution toward the gross cost. No contribution toward the Plan will be required for those of you who have completed four or more years of service. We hope to continue this contribution arrangement indefinitely, but naturally we must reserve the right to collect the full contributions as shown in any revised Plan future conditions may make necessary.

We are glad to be able to announce this Plan of Group Insurance, and our hope is that every eligible employee will take immediate advantage of this opportunity.

SUPREME INSTRUMENTS CORPORATION



*Not Everyone
Can Pass a Medical
Examination*

**You Can Get
This Protection
Without Medical
Examination
If
You Enroll
Promptly***

*Employees who have not enrolled for personal insurance within 31 days after the date they could first be insured for personal insurance will be required to pass a satisfactory medical examination, and employees who have not enrolled for dependent insurance within 31 days after the date they could first be insured for dependent insurance will be required to submit satisfactory proof of the good health of their dependents, at their own expense, should they later desire to enroll.

and-----

**it Costs You
Considerably Less than
you would have to pay
as an individual.**

The Plan — SCHEDULE OF INSURANCE

CLASS	PERSONAL INSURANCE						DEPENDENT INSURANCE		EMPLOYEE'S WEEKLY CONTRIBUTIONS	
	Life Insurance	Weekly Sickness and Accident Benefits	Insurance for Death or Dismemberment by Accidental Means	Hospital Expense Insurance—Daily Benefit	Surgical Operation Insurance (Maximum)	Hospital Expense Insurance—Daily Benefit	Surgical Operation Insurance (Maximum)	Personal Insurance Only	Personal and Dependent Insurance	
Porters.....	\$500	\$8.75	\$500	\$4.00	\$10 to \$150	\$3.00	\$5 to \$75	\$0.33	\$0.50	
All other employees with basic weekly earnings of:										
Less than \$25.00.....	1,000	10.50	1,000	4.00	(See Schedule of Surgical Operations)	3.00		.40	.58	
\$25.00 but less than \$35.00....	1,500	15.00	1,500	5.00		4.00		.53	.73	
35.00 and over.....	2,000	21.00	2,000	6.00		5.00		.67	.90	
Officers.....	3,000	21.00	3,000	6.00		5.00		.76	1.00	

Employees with less than four years of service will make weekly contributions for the Plan as shown in the Schedule of Insurance above. Employees with four years or more of service will not be required to make any contribution toward the cost of the Plan.

Basic earnings for classification of employees in accordance with the Schedule of Insurance will be determined by the Employer.

Your contribution to the cost of the Plan is a fixed amount as determined above. The balance of the entire net cost, consisting of any difference between the total premiums for the Plan and the sum of (a) the employees' contributions and (b) any dividends which may be paid by the insurance company, will be borne by your Employer.



The following pages contain a brief description of the benefits which will be payable in accordance with the terms and conditions of the Contract. Insured employees will receive Certificates of Insurance issued by the Metropolitan Life Insurance Company outlining the insurance protection provided under the Contract. It is hoped that the Contract will be continued indefinitely through the years, but your Employer necessarily reserves the right to terminate or change the Plan in the future. Any such action, naturally, will be taken only after careful consideration.



Life Insurance Protects the Future of those Dependent on You

LIFE INSURANCE

In the event of your death from either natural or accidental cause while insured under the Plan, the Life Insurance will be payable to the beneficiary named by you. You may change your beneficiary at any time, upon written request, on forms provided by the Insurance Company.

Death Benefit in the Event of Total Disability

If you become totally disabled while insured under the Plan and prior to your 60th birthday, and such total disability continues uninterruptedly for the remainder of your life, the amount of Life Insurance for which you were insured on the date of termination of employment will be paid to your beneficiary at your death, provided you shall have submitted proof of total disability to the Insurance Company at least once each year. However, payment will not be made under this provision if an

individual policy has been issued in accordance with the "Privilege of Obtaining an Individual Policy" outlined below, unless such individual policy is surrendered without claim.

The words "totally disabled" mean that an employee is totally disabled as a result of bodily injury or disease, so as to be wholly prevented thereby from engaging in any and every business or occupation and from performing any work for compensation or profit.

Privilege of Obtaining an Individual Policy

If you leave our employ, all your insurance will cease on the day you leave (but see second paragraph below). However, you may arrange with the Metropolitan Life Insurance Company to continue your Life Insurance protection under an individual policy, if you make application therefor within 31 days after (a) your employment is terminated for any reason, or (b) your "Death Benefit in the Event of Total Disability," as described above, ceases because of recovery from total disability, or because of failure to submit proof of total disability as required.

The individual policy will be issued without medical examination. It will be upon one of the regular forms of policy then customarily issued by the Metropolitan, except Term Insurance, at the rate applicable to your then attained age and class of risk.

Any individual policy issued in accordance with this privilege will not become effective before the expiration of the 31-day period during which application for such individual policy may be made. If, however, you die during such 31-day period, whether or not you have made application for an individual policy, your Life Insurance benefits will nevertheless be payable to your beneficiary.



SICKNESS AND ACCIDENT BENEFITS

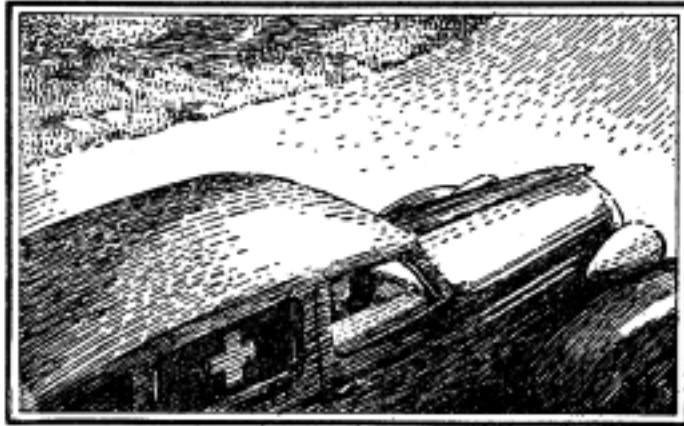
The indicated benefits will be payable to you if, while insured under the Plan, you become totally disabled, are unable to work, and are under the care of a physician legally licensed to practice medicine, because of

- (a) any injury not arising out of or in the course of your employment, or
- (b) any sickness not entitling you to benefits under any workmen's compensation or occupational disease law.

These benefits will be payable to you beginning on the eighth day of disability and will continue during disability for a maximum of 13 weeks for any one continuous period of disability, whether from one or more causes, or for successive periods of disability due to the same or related cause or causes.

For disability due to pregnancy or resulting childbirth or complications, the maximum period for which benefits will be payable is six weeks. However, these pregnancy benefits will not be available to a female employee for a pregnancy existing on the date she becomes insured.

For employees age 60 and over, benefits for all disabilities commencing during any 12 consecutive months are limited to a total of 13 weeks.



INSURANCE FOR DEATH OR DISMEMBERMENT BY ACCIDENTAL MEANS

The indicated amount of insurance will be payable, in addition to any other benefits, if while insured under the Plan you sustain bodily injuries solely through violent, external and accidental means, and within 90 days thereafter as a direct result of such bodily injuries and independently of all other causes you suffer any of the losses specified below.

The full amount of insurance is payable for loss of life, total and irrecoverable loss of sight of both eyes, loss of both hands by severance at or above the wrist joint, loss of both feet by severance at or above the ankle joint, loss of one hand and of one foot by severance at or above wrist and ankle joints, or such loss of one hand or of one foot together with total and irrecoverable loss of sight of one eye. One-half the full amount is payable for the loss of one hand by severance at or above the wrist joint, loss of one foot by severance at or above the ankle joint or for total and irrecoverable loss of sight of one eye.

If more than one of the losses set forth above is suffered as the result of any one accident, not more than the full amount of insurance for Death and Dismemberment by Accidental Means will be payable.

No payment will be made for death or any other loss which is caused by or results from intentional self-destruction or intentionally self-inflicted injury, or is sustained as the result, directly or indirectly of insurrection, war or any act of war, or of travel or flight in any species of aircraft, except as a fare-paying passenger on a licensed aircraft piloted by a licensed passenger pilot on a scheduled air service regularly offered between specified airports.

The insurance is payable to you in the event of dismemberment; in case of death, the insurance is payable to the beneficiary named by you.



HOSPITAL EXPENSE INSURANCE

The indicated benefits will be payable to you if, while insured under the Plan, you or one of your dependents on whose account you are insured, become confined as a patient in a legally constituted hospital because of,

- (a) any injury not arising out of or in the course of the employment of the person so confined, or,
- (b) any sickness not entitling the person so confined to benefits under any workmen's compensation or occupational disease law.

The Daily Benefit shown in the Schedule of Insurance will be payable during hospital confinement for a maximum of 31 days for any one continuous period of hospital confinement, whether from one or more causes, or for successive periods of hospital confinement due to the same or related cause or causes.

In addition to the Daily Benefit, you will receive payment up to a maximum of five times the specified Daily Benefit for all expenses charged during such period or periods of hospital confinement for the following Special Hospital Services, namely, Anesthesia, Special Laboratory Service and Use of Operating Room.

The Daily Benefit referred to above is that in force on account of the person confined, on the date such hospital confinement commences.

For hospital confinement of a female employee which is due to pregnancy or resulting childbirth or complications, the maximum period for which the Daily Benefit will be payable is 14 days. However, these pregnancy benefits will not be available for a pregnancy existing on the date the employee becomes insured.

No payment is provided under the Plan for the hospital confinement of a dependent which is due to pregnancy or resulting childbirth or complications.

Payment will be made under the Plan only for hospital confinement and Special Hospital Services which are recommended and approved by a physician or surgeon legally licensed to practice medicine, and only provided the hospital confinement lasts at least 18 consecutive hours.

The term "dependent" includes only (1) the employee's wife, and (2) the unmarried children over three months and under 18 years of age of a male employee or of a widowed female employee. However, any such person who is an employee of the Company, or who resides outside the United States or Canada, is not included in the term "dependent".

The benefits are designed to help you meet the expenses of hospital confinement of yourself or of your dependents. They are not intended to represent what the hospital's charge will or should be, but are merely the maximum payments under the terms of the Plan.



*Helps
Pay the Bill*

SURGICAL OPERATION INSURANCE

The schedule of operations covered, and the maximum benefits payable, are specified on the following pages under "Schedule of Surgical Operations."

You will receive payment, for the actual surgical fee charged, subject to the specified maximum depending upon the type of operation, if, while insured under the Plan, you or one of your dependents on whose account you are insured, undergo any of the specified surgical operations because of,

- (a) any injury not arising out of or in the course of the employment of the person operated upon, or,
- (b) any sickness not entitling the person operated upon to benefits under any workmen's compensation or occupational disease law,

and the operation is recommended and performed by a physician or surgeon legally licensed to practice medicine.

Benefits for surgical operations which are due to pregnancy or resulting childbirth or complications will not be available to a female employee if the operation is due to a pregnancy existing on the date she becomes insured.

No payment is provided under the Plan for surgical operations on your dependents which are due to pregnancy or resulting childbirth or complications.

If two or more specified operations are performed during any one continuous period of disability, whether from one or more causes, or during successive periods of disability due to the same or related cause or causes, the total payment for all such operations will not exceed \$150 for employees, nor \$75 for dependents. Furthermore, if such operations are performed at one time and in the same operative field, the total payment will not exceed the amount specified for that one of the operations for which the largest amount is payable.

The term "dependent" includes only (1) the employee's wife, and (2) the unmarried children over three months and under 18 years of age of a male employee or of a widowed female employee. However, any such person who is an employee of the Company, or who resides outside the United States or Canada, is not included in the term "dependent".

The benefits are designed to help you meet the expense of the specified surgical operations upon yourself or your dependents. They are not intended to represent what the physician's or surgeon's charge will or should be, but are merely the maximum payments under the terms of the Plan.

SCHEDULE OF SURGICAL OPERATIONS

Surgical Operation	MAXIMUM PAYMENT	
	Per-sonal	De-pendent
ABDOMEN		
Cutting into abdominal cavity for diagnosis or treatment of organs therein (unless otherwise specified in this Schedule).....	\$100.00	\$50.00
ABSCESSSES		
Abscesses requiring hospital residence (furuncles excepted), one or more.....	25.00	12.50
AMPUTATIONS		
Thigh.....	75.00	37.50
Arm, forearm, entire hand, leg, or entire foot.....	50.00	25.00
Fingers or toes, each.....	10.00	5.00
APPENDIX, REMOVAL OF.....	100.00	50.00
BLOOD TRANSFUSIONS		
Recipient, each transfusion (not more than six).....	25.00	12.50
BREAST		
Amputation.....	100.00	50.00
Abscesses, deep (furuncles excepted), one or more.....	25.00	12.50
CANCER—See Malignant tumors under Tumors		
CHEST		
Complete thoracoplasty, or removal of portion of lung.....	150.00	75.00
Other cutting into chest cavity for diagnosis or treatment (tapping excepted).....	40.00	20.00
Induction of artificial pneumothorax.....	25.00	12.50
CHILDBIRTH—See Obstetrical		
DISLOCATION, REDUCTION OF		
Hip or knee joint (patella excepted).....	35.00	17.50
Shoulder, elbow, or ankle joint.....	25.00	12.50
Lower jaw.....	15.00	7.50
Collar bone or wrist.....	10.00	5.00
For dislocations requiring an open operation the maximum payments will be twice the amounts shown above.		
EAR, NOSE, OR THROAT		
Removal of mastoid—cutting operation for removal of diseased bone:		
One side.....	75.00	37.50
Both sides.....	100.00	50.00
Removal of tonsils, or tonsils and adenoids...	25.00	12.50

Surgical Operation	MAXIMUM PAYMENT	
	Per-sonal	De-pendent
EAR, NOSE, OR THROAT—Continued		
Sinus operation by cutting (puncture of antrum excepted).....	\$35.00	\$17.50
Submucous resection of nasal septum.....	35.00	17.50
Bronchoscopy for removal of foreign body or biopsy.....	35.00	17.50
Cutting into the trachea.....	35.00	17.50
Any other cutting operation (puncture of antrum and tapping excepted).....	10.00	5.00
EXCISION (Removal)		
Shoulder or hip joint.....	100.00	50.00
Knee joint.....	75.00	37.50
Elbow, wrist, or ankle joint.....	50.00	25.00
Diseased portion of bone, including curettage (alveolar processes excepted).....	50.00	25.00
EYE		
Any cutting operation into the eyeball (through the cornea or sclera).....	50.00	25.00
Removal of eyeball.....	35.00	17.50
Cutting operation on eye muscle.....	20.00	10.00
FRACTURE, TREATMENT OF		
Thigh, leg, kneecap, upper arm, or pelvis....	50.00	25.00
Vertebra or vertebrae (except coccyx or vertebral processes).....	50.00	25.00
Lower jaw (alveolar processes excepted), collar bone, shoulder blade, or forearm.....	25.00	12.50
Wrist, hand, ankle, or foot, each.....	15.00	7.50
Fingers or toes, one or more.....	10.00	5.00
Nose, rib, or ribs.....	10.00	5.00
The amounts shown above are for Simple Fractures.		
For Compound Fractures the maximum payments will be one and one-half times the amounts shown above for the corresponding Simple Fractures.		
For fractures requiring an open operation (including bone grafting or bone splicing) the maximum payments will be twice the amounts shown above for the corresponding Simple Fractures.		
GENITO-URINARY TRACT		
Removal of kidney.....	150.00	75.00
Cutting into or fixation of kidney (other than removal of tumors or stones).....	100.00	50.00

Surgical Operation	MAXIMUM PAYMENT	
	Per-sonal	De-pendent
GENITO-URINARY TRACT—Continued		
Removal of tumors or stones in kidney, ureter, or bladder:		
By cutting operation.....	\$100.00	\$50.00
By crushing, cauterization or endoscopic means.....	25.00	12.50
Stricture of urethra:		
Open operation.....	50.00	25.00
Intra-urethral cutting operation.....	25.00	12.50
Removal of entire prostate by open operation (complete procedure).....	150.00	75.00
Removal of part of prostate:		
By endoscopic means.....	40.00	20.00
By other cutting operation.....	75.00	37.50
Varicocele, cutting operation on.....	25.00	12.50
Hydrocele, excision, or incision and treatment of sac (tapping excepted).....	25.00	12.50
Orchidectomy or epididymectomy.....	35.00	17.50
Complete removal of uterus, tubes and ovaries.....	150.00	75.00
Other operations on uterus and its appendages:		
Cutting operations with abdominal approach.....	100.00	50.00
Cutting operations without abdominal approach.....	50.00	25.00
Dilatation and curettage (non-puerperal).....	25.00	12.50
GOITER		
Removal of thyroid (complete procedure, including ligation of thyroid arteries, to be treated as one operation).....	150.00	75.00
Ligation of thyroid arteries, not followed by removal of thyroid:		
One or more at one operation.....	50.00	25.00
Two or more stage operation.....	75.00	37.50
(Complete procedure to be treated as one operation.)		
HERNIA		
Cutting operation for radical cure:		
Single hernia.....	50.00	25.00
More than one hernia.....	75.00	37.50
JOINT		
Incision into (tapping excepted).....	25.00	12.50
LIGAMENTS		
Cutting operation.....	25.00	12.50
Suturing of tendons:		
Single.....	25.00	12.50
Multiple.....	40.00	20.00

WHO MAY ENROLL EFFECTIVE DATE OF INSURANCE

You may enroll for the Plan in accordance with the Schedule of Insurance and will then be insured on the effective date of the Plan, provided you are then actively at work.

If you enter our employ after the Plan becomes effective, you may enroll immediately in accordance with the Schedule of Insurance and will then be insured when you have had three months of continuous service, provided you are then actively at work.

If you enroll but are absent from work on the day your insurance would otherwise become effective, you will be insured on the day you return to active work.

If you have a dependent or dependents (as previously defined) you may enroll for personal insurance only or for personal and dependent insurance. However, you may not enroll for dependent insurance without enrolling for personal insurance. If you enroll for dependent insurance, all of your dependents (as defined) will be included.

If you have no dependents on the day you become insured for personal insurance, you may enroll for dependent insurance during the 31-day period immediately preceding the date any person or persons become your dependents, in which event your dependent insurance will be effective on the date the person or persons become your dependents.

The personal insurance will become effective April 23, 1945, provided at least 75 percent of all eligible employees have enrolled in the Plan for the personal insurance for which they are eligible. The dependent insurance will become effective at the same time, provided at least 75 percent of all eligible employees with dependents (as defined) have enrolled for dependent insurance.

Surgical Operation	MAXIMUM PAYMENT	
	Personal	Dependent
MASTOID, REMOVAL OF—See under Ear, Nose, or Throat		
MATERNITY—See Obstetrical		
OBSTETRICAL		
Delivery of child or children.....	\$50.00	No Pay't
Caesarian section, including delivery.....	100.00	No Pay't
Abdominal operation for extra-uterine pregnancy.....	100.00	No Pay't
Miscarriage.....	25.00	No Pay't
PARACENTESIS (Tapping)		
Abdomen, chest, or bladder (other than catheterization).....	10.00	\$5.00
Ear-drum, hydrocele, joint or spine.....	10.00	5.00
RECTUM		
Cutting operation or injection treatment for radical cure of hemorrhoids (complete procedure).....	25.00	12.50
Cutting operation for prolapsed rectum or fistula in ano.....	25.00	12.50
Cutting operation for fissure.....	10.00	5.00
SKULL		
Cutting into cranial cavity.....	150.00	75.00
SPINE OR SPINAL CORD		
Operation with removal of portion of vertebra or vertebrae (except coccyx)...	150.00	75.00
Removal of part or all of coccyx.....	50.00	25.00
TAPPING—See Paracentesis		
THYROID, REMOVAL OF—See under Goiter		
TONSILS, REMOVAL OF—See under Ear, Nose, or Throat		
TUMORS		
Removal of, by cutting operations:		
Malignant tumors (except those of face, lip, or skin).....	100.00	50.00
Malignant tumors of face, lip, or skin...	25.00	12.50
Benign tumors, one or more:		
Requiring hospital residence.....	25.00	12.50
Not requiring hospital residence.....	10.00	5.00
VARICOSE VEINS		
Cutting operation or injection treatment (complete procedure on all veins).....	40.00	20.00

CHANGE OF CLASS INCREASES IN INSURANCE

You may enroll only for the insurance benefits for which you are eligible under the Schedule of Insurance.

If your status subsequently changes so as to place you in a higher class, your insurance benefits will increase in accordance with the Schedule of Insurance, on the effective date specified in the Group Policy for such increases, provided you are then actively at work. If you are not then actively at work, the increase will become effective on the date you return to active work. Your contribution will be increased accordingly.



HEALTH BOOKLETS AND LEAFLETS

The Metropolitan Life Insurance Company publishes booklets and leaflets which give helpful information about specific diseases and about ways of protecting the health and safety of yourself and your family. These booklets and leaflets, some of which are distributed as part of a regular schedule during the year, are available without cost to employees insured under this Plan. A few of these booklets and leaflets are listed below:

OVERWEIGHT AND UNDERWEIGHT
BE READY TO SAVE A LIFE
(Artificial Respiration)
APPENDICITIS
RHEUMATISM
400 MILLION COLDS
PROTECTING YOUR HEART
FIRST AID
CARE OF THE EYES
THREE MEALS A DAY
RESPIRATORY DISEASES
HOME SAFETY
TUBERCULOSIS



SUPREME

Testing Instruments

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