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A PLAN OF

Group Life Insurance

AND

Hospitalization Insurance

WITH

Surgical Benefits

INCLUDING DEPENDENTS HOSPITALIZATION
AND SURGICAL BENEFITS

FOR THE EMPLOYEES OF

Angelina County Lumber Company

Angelina & Neches River Railroad Co.

KELTYS, ANGELINA COUNTY, TEXAS

UNDERWRITTEN BY

THE AETNA LIFE INSURANCE COMPANY

HARTFORD, CONNECTICUT

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TO OUR EMPLOYEES:

In 1927 the Angelina County Lumber Company and the Angelina & Neches River Railroad Company provided for their employees group life insurance which has been continuously in effect since that time. Beginning with 1940 the employees have paid $6 per thousand per year toward the cost of this insurance, being approximately one-half thereof, and all remaining cost has been paid by the employer. Since 1928 this policy has been carried with Aetna Life Insurance Company.

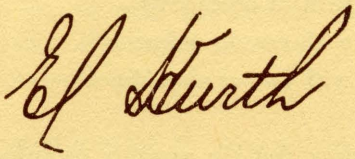
Effective May 16, 1949, there was made available to all employees, a plan of group hospitalization and surgical fee benefits insurance, which is likewise carried with the Aetna Life Insurance Company and is in addition to the group life insurance.

This booklet describes the complete plan. It also shows the monthly cost to the employee, which is approximately 50% of the total premium, the remainder of which is paid by your company.

We feel that this life insurance has been of considerable help to our employees and their families in times when it was urgently needed. The enlarged program will, of course, increase the benefits to furnish help in times of sickness as well as on the occasion of death of the employee.

We are sure that you will readily agree that this insurance is very desirable and that each of you will avail yourselves of the opportunity to obtain this protection at such low cost.

Yours truly,



President and General Manager
ANGELINA COUNTY LUMBER COMPANY

Vice-President
ANGELINA & NECHES RIVER RAILROAD COMPANY

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SCHEDULE OF INSURANCE

LIFE INSURANCE

Classification	Term of Continuous Employment: 2 Months but less than 8 Months	8 Months or more
Workmen, clerks, etc.	$500.00	$1000.00

	Employee's Monthly Contribution
Employee with $ 500 Insurance	$ .25
Employee with $1000 Insurance	.50

HOSPITALIZATION AND SURGICAL FEE BENEFITS

EMPLOYEES AND DEPENDENTS

Classification	Daily Hospital Benefits	Maximum for Misc. Hospital Charges	Maximum Surgical Fee
All Employees	$6.00	$186.00	$200.00

EMPLOYEES MONTHLY CONTRIBUTION

Employee without dependents	$ .62
Employee with one dependent	1.96
Employee with two or more dependents	2.73

It will be necessary that the monthly contribution for whatever amount of life insurance you have, be added to your correct contribution for hospitalization and surgical fee benefits, to determine your total monthly cost.

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DESCRIPTION OF THE PLAN

EFFECTIVE DATE AND ELIGIBILITY

The life insurance plan became effective December 24, 1927, and the hospitalization and surgical fee benefits program became effective May 16, 1949.

On May 16, 1949, the effective date of the hospitalization program, all full-time employees who were actively working, together with their wives and their unmarried children between the ages of fourteen days and nineteen years, were automatically covered by hospitalization insurance for such temporary period of time as required to present to the employees for their signature individual application cards. For such employees making written application upon presentation of forms this protection continues without interruption. Insurance for employees away from work on the day on which they became eligible will become effective as soon as they return to active duty, if signed application has been made on the individual cards to be provided through the payroll office of the employer.

All regular, full-time employees hired after May 16, 1949, are eligible for the complete coverage after *two months* of continuous active service.

Only employees are eligible for the life insurance but employees, their wives, and unmarried children between the ages of fourteen days and nineteen years are eligible for hospitalization and surgical benefits.

No medical examination is required in order to obtain this insurance. However, if signed application is not made within ninety days after you become eligible for the hospitalization benefits, the insurance company will require that satisfactory evidence of insurability be fur-

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resulting from a non-occupational accident or a disease for which benefits are not payable under the Workmen's Compensation Law. The amount of payment for a particular operation is shown in the "Schedule of Operations," but if the actual charges by the surgeon are less than that, the payment will equal the actual charges. These benefits are payable whether the operation is performed in the hospital, in the doctor's office, or elsewhere.

In the event that several operations are required payment will be made for each, but not more than $200.00 will be paid for all operations during any one continuous period of disability.

CLAIMS, TERMINATION, CERTIFICATES, ETC.

All claims should be made promptly through your employer.

After your insurance becomes effective it is important that you notify your employer of any change in the number of your dependents which will result in a change from one to another of the following classifications:

1. Employee without dependents
2. Employee with one dependent
3. Employee with two or more dependents

This information is necessary so that the insurance company can adjust your coverage accordingly.

By dependents is meant your wife or unmarried children between the ages of fourteen days and nineteen years.

Successive periods of hospital confinement will be considered as having occurred during one continuous period of disability unless complete recovery from the disease or non-occupational injury causing the previous confinement

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has taken place before the later confinement or unless the later confinement commences after the employee has returned to work for one day.

If your employment terminates, this insurance is immediately cancelled, except for the life insurance which will automatically cease thirty-one days after termination of employment. The insurance can be continued, by agreement with the employer, during temporary leave of absence, but only on written consent of the insurance company if the period of absence exceeds two months. The employer reserves the right to discontinue this insurance without notice.

Each employee will be furnished with an individual certificate issued by the insurance company describing the benefits of the plan.

This booklet is not intended to contain all the details and provisions of this Group Insurance Plan. It is intended only as an outline of the benefits provided under the contracts. The Group Insurance Plan will be governed by the Group Life and Hospitalization Contracts issued by the Aetna Life Insurance Company to the Angelina County Lumber Company.

The payroll office will answer any questions which you may have in regard to this insurance.

SCHEDULE OF OPERATIONS
APPEARS ON FOLLOWING PAGES

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SCHEDULE OF OPERATIONS — SURGICAL FEE BENEFITS

Employees and Dependents

	Maximum Amount
ABDOMEN	
Appendectomy, freeing of adhesions or exploration of, or cutting into, the abdominal cavity	$100.00
Removal of, or other operation on gall bladder	150.00
Gastro-enterostomy	150.00
Resection of stomach, bowel or rectum	200.00
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	
ABSCESSES (See Tumors)	
AMPUTATIONS	
Thigh, leg	125.00
Upper arm, forearm, entire hand or foot	100.00
Fingers or toes, each	15.00
BREAST	
Removal of benign tumor or cyst requiring hospital confinement	50.00
Simple amputation	100.00
Radical amputation	150.00
CHEST	
Complete thoracoplasty, transthoracic approach to stomach, diaphragm, or esophagus; sympathectomy or laryngectomy	200.00
Removal of lung or portion of lung	200.00
Bronchoscopy, esophagoscopy	40.00
Induction of artificial pneumothorax, initial	25.00
refills each (not more than 12)	10.00
DISLOCATION, REDUCTION OF	
Hip, ankle joint, elbow or knee joint (patella excepted)	35.00
Shoulder	30.00
Lower jaw, collar bone, wrist or patella	15.00
For a dislocation requiring an open operation, the maximum will be twice the amount shown above.	
EXCISION OR FIXATION BY CUTTING	
Hip joint	150.00

	Maximum Amount
GENITO-URINARY TRACT	
Removal of, or cutting into, kidney	$200.00
Fixation of kidney	150.00
Removal of tumors or stones in ureter or bladder:	
by cutting operation	100.00
by endoscopic means	35.00
Cystoscopy	25.00
Removal of prostate by open operation	150.00
Removal of prostate by endoscopic means	100.00
Circumcision	15.00
Varicocele, hydrocele, orchidectomy or epididymectomy,	
single	50.00
bilateral	75.00
Hysterectomy	150.00
Other cutting operations on uterus and its appendages with abdominal approach	100.00
Cervix amputation	50.00
Dilatation and curettage (non-puerperal), cervix cauterization or conization, polypectomy, or any combination of these	25.00
Vaginal plastic, operation for cystocele or rectocele	75.00
GOITRE	
Removal of thyroid, subtotal	150.00
Removal of adenoma or benign tumor of thyroid	100.00
HERNIA	
Single hernia	100.00
More than one hernia	125.00
JOINT	
Incision into, tapping excepted	25.00
LIGAMENTS AND TENDONS	
Cutting or transplant, single	50.00
multiple	75.00
Suturing of tendon, single	35.00
multiple	50.00
PARACENTESIS	
Tapping	15.00
PILONIDAL CYST OR SINUS	
Removal of	50.00

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Shoulder, knee joint, semilunar cartilage, elbow, wrist or ankle joint	100.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	50.00

EAR, NOSE OR THROAT

Fenestration, one or both sides	200.00
Mastoidectomy, one or both sides: Simple	100.00
Radical	150.00
Tonsillectomy, adenoidectomy, or both	30.00
Sinus operation by cutting (puncture of antrum excepted)	50.00
Submucous resection of nasal septum	50.00
Tracheotomy	50.00
Any other cutting operation	15.00

EYE

Operation for detached retina	200.00
Cataract, removal of	150.00
Any other cutting operation into the eyeball (through the cornea or sclera) or cutting operation on eye muscles	100.00
Removal of eyeball	75.00
Any other cutting operation on eyeball	20.00

FRACTURE, TREATMENT OF

Thigh, vertebra or vertebrae, pelvis, (coccyx excepted)	75.00
Leg, kneecap, upper arm, ankle (Potts)	50.00
Lower jaw, (alveolar process excepted) collar bone, shoulder blade, forearm, wrist (Colles), skull	25.00
Hand, foot	15.00
Fingers or toes, each	10.00
Nose	10.00
Rib or ribs, three or more	25.00
fewer than three	10.00

The amounts shown above are for simple fractures. For a compound fracture, the maximum will be one and one-half times the amount for the corresponding simple fracture.

For a fracture requiring an open operation with bone grafting, bone splinting, or metallic fixation at point of fracture, the maximum will be twice the amount for the corresponding simple fracture.

RECTUM

Hemorrhoidectomy, external	25.00
internal or internal and external	50.00
Cutting operation for fissure	25.00
Cutting operation for thrombosed hemorrhoids	15.00
Cutting operation for fistula-in-ano, single	50.00
multiple	75.00

SKULL

Cutting into cranial cavity (trephine excepted)	200.00
Trephine	25.00

SPINE OR SPINAL CORD

Operation for spinal cord tumor	200.00
Operation with removal of portion of vertebra or vertebrae (except coccyx, transverse or spinous process)	150.00
Removal of part or all of coccyx, or of transverse or spinous process	50.00

TUMORS

Benign or superficial tumors and cysts or abscesses: requiring hospital confinement	25.00
not requiring hospital confinement	10.00
Malignant tumors of face, lip or skin	50.00

VARICOSE VEINS

Injection treatment, complete procedure, one or both legs	40.00
Cutting operation, complete procedure, one leg	50.00
both legs	75.00

OBSTETRICAL PROCEDURES

Delivery of child or children	50.00
Caesarean section	100.00
Abdominal operation for extra-uterine pregnancy	100.00
Miscarriage	25.00

The Insurance Company will determine the amount of payment, if any, for a cutting operation not listed in the foregoing Schedule.