



## Certificate of Social Insurance Award

DATE: 10/8/71

THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN.  
PAYABLE UNDER TITLES II AND XVIII OF THE SOCIAL SECURITY ACT.

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT	TYPE OF BENEFIT	DATE OF ENTITLEMENT	MONTHLY BENEFIT
James C. Sheehan 219 Homestead Rd. LaGrange Park, IL 60525	Retirement	10/71	\$213.10

AMOUNT OF FIRST CHECK: \$ \*

Your hospital and medical insurance coverage under Title XVIII of the Social Security Act begins October, 1971.

You will receive your first premium bill within 30 days and thereafter quarterly. Each notice will show the months covered, amount and date payment is due. Please pay promptly upon receipt of notice.

The right to receive social security benefits carries with it certain responsibilities. They are explained in the booklet furnished you. Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this Certificate with you.

**NOTICE:** If you believe that this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

ROBERT M. BALL  
COMMISSIONER OF SOCIAL SECURITY



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NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT	TYPE OF BENEFIT	DATE OF ENTITLEMENT	MONTHLY BENEFIT
Grace C. Sheehan 219 Homestead Rd. LaGrange Park, IL 60525	Wife	10/71	\$106.60

AMOUNT OF FIRST CHECK: \$ \*

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