AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

DIVISION OF PROFESSIONAL RELATIONS

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DEPARTMENT OF MEMBERSHIP DEVELOPMENT

DAVID B. WEIHAUPT
Director
(751-6444)

KENNETH G. BUGAN
Assistant Director
(751-6448)

September 30, 1976

S. P. Vinograd, M.D.
Director, Medical Sciences Division
NASA Office of Life Sciences
Washington, D. C. 20546

Dear Doctor Vinograd:

On behalf of the American Medical Association, I would like to apologize for not answering your letter sooner. We have recently been overwhelmed by incoming mail.

Your comments have been read and deeply appreciated by several people here at AMA headquarters. We receive hundreds of letters every day and these communications are extremely valuable in keeping your national leadership abreast of the feelings of the membership. We certainly understand your reasons for not joining at this time.

Again thank you for your past support through membership. We appreciate it.

Sincerely,

Kenneth G. Bugan

Kenneth G. Bugan

KGB:dd

from the desk of . . .
TOM TAKETA, Ph.D.

Sherm—

Please send me your home address, so I can send future personal communications to your home.

Thanks.

Tom

TOM TAKETA
3295 Lindenoaks Drive
San Jose, California 95117

January 28, 1977

Dr. Sherman Vinograd
Director of Bioresearch
SBR/Life Sciences Directorate
Office of Space Sciences/NASA Headquarters
Washington, D.C. 20546

Dear Sherm:

Some time ago, I heard that you might be going to JSC, Houston, but I was delighted to learn recently that you were still at headquarters. NASA Bioresearch needs someone with your knowledge and understanding to direct and coordinate the research activities.

In my discussions and association with you on studies dealing with space-oriented radiation biology/dosimetry, plant consortium, and experiments in general, I soon developed a deep respect for your fairness, honesty and integrity--attributes which I admire highly--and enjoyed our relationship very much. I realized that yours was not an easy nor an enviable position because of the uncooperative or unwilling attitude often displayed by center management toward certain kinds of bioresearch which you desired. But because of your understanding, perseverance and determination you managed to support studies which were not necessarily popular with local management. I appreciated the support you had given me over the years.

As you undoubtedly know, I left NASA-Ames over a year ago while you were still on sabbatical leave. Recently, after an enjoyable vacation of more than a year, I decided to go back to work and made applications for employment. I took the liberty of using your name for one of my references, for I felt that you would give a fair and honest appraisal of my attributes and capabilities (e.g., managing, coordinating, making oral and written reports, etc.) from my involvement as Manager of the Radiation Biology RTOP and Technical Monitor and Coordinator of the Plant Consortium--both under your program management--and personal discussions that we have had. I realize how busy you are, but I would appreciate your taking the time to respond to requests from my prospective employers.

If you wish, you may discuss my attributes and capabilities with Dr. Herb Ward, Chairman, Dept. of Environmental Science & Engineering, Rice University, Houston Texas 77001 (phone: FTS Houston; 527-8101, Ext. 2396), who participated in both the Plant Consortium and the Life Sciences Payload Concept Verification Test (CVT) II and worked closely with me.

Keep up the good work. If I can be of any help (e.g., be a sounding board for any aspect of the radiation biology program, space-oriented bioresearch, etc.), as an interested former NASA-employee I would gladly do what I can to assist (unofficially, of course).

With warmest regards and best wishes for continued good health and spirits, I am

Sincerely yours,

Tom

S. Tom Taketa

USC PERSONNEL

Mary Wilmarth

8-525-4331

Diane Trahan

Travel

HQ

BILL LEE

&

PAT NOBLES

LETTER

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION
WASHINGTON, D.C. 20546

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

REPLY TO ATTN OF: QPH

May 18, 1976

Dr. Sherman P. Vinograd
NASA Headquarters
Washington, D.C. 20546

Dear Dr. Vinograd:

This confirms your appointment with Johnson Space Center to the position of Medical Officer (Deputy Director, Life Sciences Directorate, JSC).

The appointment is made under Title 42, Section 2473 (B)(2) of the United States Code.

You are presently serving in a position in the Competitive Service and acceptance of the above offer will result in your leaving the Competitive Service. This means that the Civil Service Act and other laws applying to Competitive Service positions in such matters as reduction in force, promotion, demotion and separation for cause will not apply to you during your service in this Excepted position. There is no change in your rights and benefits under the retirement, life insurance, health insurance, leave and similar programs.

Excepted employees have no RIF bumping or retreat rights nor are they covered by the NASA system for appeals of adverse actions. However, you will retain all applicable rights under Title 5 Section 7512 of the United States Code relating to adverse actions affecting persons with veterans preference.

If you should later wish to return to the Competitive Service, you may be considered for reinstatement based on your previous Career Appointment.

You are urged to contact this office if you have any questions concerning the matter discussed above or related to this subject.

If you accept this appointment you should sign and return the attached statement to show that you are voluntarily leaving the Competitive Service.

Sincerely,

W. P. Nottes

for Jack R. Lister
Personnel Officer

Enclosure:
Statement of Understanding

QPH

MEMORANDUM

TO: AH/Personnel Officer

FROM: Dr. Sherman P. Vinograd

SUBJECT: Voluntary Relinquishment of Competitive Position

This is to certify that I have read and understand the enclosed notice regarding my acceptance of the position specified. I voluntarily relinquish my competitive position, and in accepting this appointment, acknowledge that I am leaving the competitive service.

_____ _____

Date Signature

NASA

National Aeronautics and
Space Administration

Washington, D.C.
20546

Reply to Attn of: SBR

May 21, 1976

Mr. Jack R. Lister
Personnel Officer - Code AH
Johnson Space Center
Houston, TX 77058

Dear Mr. Lister:

Your telephone call earlier this week was reassuring and much appreciated. That same day, Mr. Pat Nobles came to see me with additional information and some papers to sign. One of them was the "Voluntary Relinquishment of Competitive Position" memorandum. Per our telephone discussion, I signed it with the understanding that the "excepted position" route is a means to expedite the availability of the position, and that action is being initiated concurrently by your office to reestablish my competitive GS Grade 16, Step 9 status for that slot.

I understand that the full package of paper work to establish the temporary excepted position has already been completed and forwarded. I appreciate the magnitude of that task, and I wish to thank you and your staff for it.

I will maintain contact with your office through Miss Wilmarth, as you suggested.

Sincerely yours,

S. P. Vinograd, M. D.
Director, Medical Sciences Division

NASA
National Aeronautics and
Space Administration

Washington, D.C.
20546

MAR 12 1979

Reply to Attn of: SPS-2

Dr. Sherman P. Vinograd
Director, Bioresearch
Life Sciences Division
Office of Space Science
National Aeronautics and Space
Administration
Washington, D.C. 20546

Dear Dr. Vinograd:

As a result of a pending reorganization within the Life Sciences Division, several of the functions which you perform have been consolidated into the functions of the Research Programs Branch. These actions reduce your present functions so that your position as it presently exists is no longer required. Accordingly, your position as Director, Bioresearch, located in the Life Sciences Division, will be abolished effective April 21, 1979.

The Office of Personnel will issue to you, within the next 30 days, a Reduction-in-Force (RIF) Notice which will advise you of your separation under the Reduction-in-Force regulations.

I want to assure you that this action in no way reflects on the satisfactory manner in which you have performed your duties in this position. I appreciate your unselfish dedication to this Office and your contributions to the Agency and the Government over the years.

Sincerely,

Noel W. Hinners

Noel W. Hinners
Associate Administrator
for Space Science

Standard Form No. 54
January 1968
U.S. Civil Service Commission
FPM Supplement 990-1
54-106

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle)

DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ — AN EMPLOYEE ☐ — RETIRED OR AN APPLICANT FOR RETIREMENT ☐ — RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER

(CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year) (Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

(Signature of witness) (Number and street) (City, State, and ZIP Code)

(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (*Including ZIP Code*)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

2. How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (*Including ZIP Code*)	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, N.J. 07701	Aunt	25% **
Joseph P. Brady	360 Williams Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 46394	Mother	50%

3. How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (*Including ZIP Code*)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street New York, N.Y. 10033	Sister	All

4. How To Designate Different Beneficiaries for Regular and Optional Insurance***

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (*Including ZIP Code*)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

5. How To Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (*Including ZIP Code*)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

***If a beneficiary for regular or optional insurance predeceases designator, and there is no surviving beneficiary or contingent beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).

U.S. GOVERNMENT PRINTING OFFICE : 1968—O-279-520

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees Group Life Insurance Program and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, or Standard Form 1152, Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee.

ORDER OF PRECEDENCE

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower.

2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.

3. If none of the above, to the parents or the survivor of them.

4. If none of the above, to the executor or administrator of the estate.

5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of his death.

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

REGULATIONS

(*a*) The Designation of Beneficiary shall be in writing, signed and witnessed, and received in the employing office (or, in the case of (1) a retired employee and (2) an employee whose insurance is continued while he is receiving benefits under the Federal Employees' Compensation Law because of disease or injury to himself and who is held by the Department of Labor to be unable to return to duty, in the Civil Service Commission) prior to the death of the designator.

(*b*) No change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall have any force or effect.

(*c*) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.

(*d*) Any person, firm, corporation, or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.

(*e*) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.

(*f*) A Designation of Beneficiary is automatically canceled (1) on the day the employee transfers (except by mass transfer) to another agency, or (2) 31 days after the employee ceases to be insured.

INSTRUCTIONS

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for *both* regular and optional insurance. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for regular and optional insurance (example 4).

2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).

3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.

4. This form must be free of erasures or alterations.

WHERE TO FILE COMPLETED FORM

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the U.S. Civil Service Commission, Washington, D.C. 20415. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the U.S. Civil Service Commission if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the Certificate of Insurance under the Federal Employees Group Life Insurance Program.

Designations should be kept current. Changes in family status (marriage, divorce, death, births, etc.) may require corresponding changes in the designation.

U.S. GOVERNMENT PRINTING OFFICE : 1968—O—279-520

IMPORTANT EMPLOYEE INSTRUCTIONS ON PAGE 4	**LIFE INSURANCE COVERAGE** FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM	IMPORTANT AGENCY INSTRUCTIONS ON PAGE 2

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read page 4 carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or print in ink.
- Do not detach.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) (first) (middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
EMPLOYING DEPARTMENT OR AGENCY	AGENCY LOCATION (City, State, ZIP Code)	

HAVE YOU EVER BEFORE FILED THIS FORM? ☐ YES ☐ NO

If "YES," your last such form remains in effect and you should not file this new form unless you want to change the old one.

3 By law, a person, who can be covered, automatically receives regular life insurance, unless he waives all coverage. You have the choice of waiving all coverage, increasing your life insurance coverage through additional optional insurance, or declining the additional optional insurance. So, READ CAREFULLY AND THEN

MARK AN "X" IN ONE OF THE BOXES BELOW (DO NOT MARK MORE THAN ONE):

Mark here → for **BOTH OPTIONAL AND REGULAR** insurance. ☐ **A** I WANT THE $10,000 OPTIONAL INSURANCE in addition to my regular insurance. I authorize deductions to pay the full cost.

Mark here → for **REGULAR BUT NO OPTIONAL** insurance. ☐ **B** I DO NOT WANT THE $10,000 OPTIONAL INSURANCE but I understand I still get my regular insurance. I understand I cannot get optional insurance, unless I: (1) wait at least one year after I sign this form, (2) am under age 50 when I apply, AND (3) give satisfactory medical evidence of insurability.

Mark here → for **NO INSURANCE AT ALL.** ☐ **C** I DO NOT WANT ANY LIFE INSURANCE NOW. I understand that I cannot get any regular insurance, unless I: (1) wait at least one year after I sign this form, (2) am under age 50 when I apply, AND (3) give satisfactory medical evidence of insurability. I understand I cannot get the $10,000 optional insurance unless I first have the regular insurance.

4 DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

DATE

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176
MARCH 1973
FPM Supplement 870–1
176–103

INSTRUCTIONS TO EMPLOYING AGENCIES

1. ***Who must file this form:***

- a new employee who is not excluded by law or regulation from insurance. This includes one with prior service for whom no SF 176 or SF 176–T is on file,
- an employee appointed to a nonexcluded position following service during which he was ineligible for insurance,
- an employee who wants to change his insurance.

Give a ***new employee*** copies of SF 176 and SF 176–A when he reports for duty and ask him to return the completed SF 176 promptly (preferably before the end of the first pay period) but no later than 31 days after his appointment.

An employee with prior service in a nonexcluded position from which he was separated after February 14, 1968, will have an SF 176 (or SF 176–T) on file in his personnel folder. This form stays in effect, and he is accordingly insured, or not insured, in his new employment. He need not file a new SF 176.

Until his SF 176 on file is verified, make deductions based on his statement about earlier insurance coverage in his "Declaration of Appointee" (SF 61).

An employee with newly acquired insurance eligibility (e.g., one transferred or converted from an excluded to a nonexcluded position or status), must be given the same opportunity to complete an SF 176 as a new employee.

An employee desiring to change his insurance may at any time file an SF 176 declining his optional insurance or waiving his regular (and optional, if any) insurance.

An employee, under age 50, may request regular or optional insurance, if a signed waiver has been in effect for over 1 year. The employee must first submit a "Request for Insurance" (SF 51). If approved, ask him to submit an SF 176 showing his choice.

2. ***Employees failing to file.***—If a new employee (or newly eligible employee) does not promptly return an SF 176, urge him to do so even if he does not want optional insurance. (He will, of course, be automatically covered for regular insurance.)

If he still fails to file an SF 176 within 31 days after appointment (or after becoming eligible), file one for him as of that date; mark box **B**, and note in the space provided for his signature "employee contacted on (date)—failed to elect optional insurance."

3. ***Review of completed SF 176.***—Review both copies of the SF 176 to see that it is legible, complete, and correct. If employee marks box **C**, please find out if this is his intention or his error.

4. ***Date of receipt and effective date.***—Stamp date of receipt by employing office in the space provided on both copies. This date determines the effective date as shown in the table below.

5. ***Disposition of SF 176.***—Always file the original in the personnel folder. Destroy the duplicate after payroll use, if any.

TABLE OF EFFECTIVE DATES

New employee (never before filed SF 176 or SF 176–T)

EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Elects optional	OPTIONAL coverage effective on date SF 176 received by employing office or on first day in duty and pay status, if later; REGULAR coverage effective on first day in duty and pay status.	OPTIONAL and REGULAR deductions begin with pay period in which coverages are effective.
Declines optional	Declination effective on date SF 176 received in employing office; REGULAR coverage effective on first day in duty and pay status.	REGULAR deductions begin with pay period coverage is effective. No OPTIONAL deductions.
Waives insurance	If received during first pay period, waiver effective on receipt; if received after first pay period, then on last day of pay period in which received.	No deductions if waiver received during first pay period; REGULAR deductions, if begun, stop last day of pay period in which waiver is received.

Present or former employee (previously filed SF 176 or SF 176–T)

PRESENT INSURANCE COVERAGE	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Waived coverage	Elects optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI; OPTIONAL coverage effective on first day in duty and pay status after date of approval of SF 51 and receipt of SF 176 by employing office.	OPTIONAL and REGULAR deductions begin with pay period in which respective coverages are effective.
Waived coverage	Declines optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI.	REGULAR deductions begin with pay period in which coverage is effective.
Has regular insurance only	Elects optional	OPTIONAL coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI and receipt of SF 176 by employing office.	OPTIONAL deductions begin with pay period in which coverage is effective.
Has regular and optional insurance	Declines optional	Cancellation of OPTIONAL coverage effective on last day of pay period in which SF 176 received; REGULAR coverage continues.	OPTIONAL deductions stop last day of pay period in which declination is received; REGULAR deductions continue.
Has regular (or regular and optional) insurance	Waives insurance	Waiver of REGULAR coverage (and cancellation of OPTIONAL, if any) effective on last day of pay period in which received.	REGULAR (and OPTIONAL, if any) deductions stop on last day of pay period in which waiver is received.

NOTES: 1. Approval by OFEGLI of a "Request for Insurance" (SF 51) is good for only 31 days. Regular coverage cannot become effective if employee is not in duty and pay status within 31-day period. Optional coverage cannot become effective unless the employee is in duty and pay status and also returns an SF 176, showing an election of optional insurance, to his employing office within the 31-day period. If approval of SF 51 expires, new SF 51 must be submitted to OFEGLI.

2. An employee for whom the agency files SF 176 because he failed to do so is deemed to have declined optional, but not regular, insurance.

3. The effective date of regular (and optional, if not declined) coverage for an employee who has been on leave without pay for more than 12 months is the first day he is in pay and duty status. Deductions are effective the same day.

INSTRUCTIONS FOR EMPLOYEES

GENERAL INFORMATION

The major provisions of this program are described in the booklet "The Federal Employees Group Life Insurance Program" (Standard Form 176–A). If you need a copy, contact your employing office. Please read the entire booklet carefully.

NEW EMPLOYEES

All new employees not excluded by law or regulation from insurance coverage and other employees who are newly eligible must complete this form. Mark the appropriate box to show your choice of coverage. You should mark—

- **Box A** if you want REGULAR AND OPTIONAL life insurance.
- **Box B** if you want the REGULAR BUT NOT OPTIONAL insurance, and
- **Box C** if you want **no insurance at all** under the program.

You have 31 days from the date you are appointed, or first become eligible to participate, to return this form to your employing office. You automatically have the ***regular*** insurance from your first day in a duty (at work) and pay status unless you mark box **C** and give the form to your employing office. You do not have the ***optional*** insurance unless you complete this form, marking box **A**, and return it to your employing office within the 31 days.

EMPLOYEES WITH PRIOR GOVERNMENT SERVICE

A Standard Form 176, filed during an earlier period of Federal employment, stays in effect unless you change coverage. If you were eligible in your last period of Federal employment and that period ended after February 14, 1968, you should have a form on file. Your insurance in your new employment will be the same as previously.

If you want to change, follow the instructions below on ***Changing Your Insurance Coverage.***

If your last period of Federal employment ended on or before February 14, 1968, you probably do not have a form on file and you now must file one, following the instructions above.

CHANGING YOUR INSURANCE COVERAGE

If you are insured and now want to change coverage, you must complete a new form. To show your new choice of coverage, mark—

- **Box B** if you have both regular and optional insurance and want to discontinue the optional coverage,
- **Box C** if you want to discontinue your insurance altogether.

Your coverage and pay deductions will stop on the last day of the pay period in which your employing office receives this form.

If you previously declined optional or waived all insurance and you now want to change, you must submit "Request for Insurance" (Standard Form 51) before you file this form. If you are eligible and your request is approved, your employing office will ask you to file this form. You should then mark—

- **Box A** if you want both ***regular*** and ***optional*** insurance.
- **Box B** if you only want ***regular*** insurance.

Regular insurance is effective on your first day in duty (at work) and pay status following approval of the "Request for Insurance." Optional insurance is effective on your first day in duty (at work) and pay status following receipt of an approved election form by your employing office. You must be in duty (at work) and pay status within 31 days after approval of your "Request for Insurance"; otherwise the approval is canceled. Similarly, if you want optional insurance you must return your election form to your employing office within 31 days after approval of your "Request for Insurance."

c48—16–82287–1 GPO

D.C. Division
World Wide
Travel Agency

TRANSPORTATION SCHEDULE ESPECIALLY PREPARED FOR: Dr. S. P. Vinograd

FROM	TO	LINE	#	DATE	LOCAL TIME DEPARTS	LOCAL TIME ARRIVES
Washington-National	Madison	Northwest	379	Jan. 10	7:00p	8:53p
Madison	Washington-National	Northwest	378	Jan. 14	Snack 2:34p	6:13p

#1471

Printed in U.S.A.

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- AAA Traveler's Checks
- Baggage and accident insurance
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- Motoring itineraries
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-IMPORTANT-

Reconfirm return flights as indicated:

International and Florida at least 72 hours before departure.

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Dollar Rent-A-Car and your travel agent present this

Special Discount for NORTHWEST ORIENT Passengers

$5 OFF

On your rental of a Fairmont, Granada, LTD or Thunderbird.*

*PRESENT THIS TICKET JACKET AT TIME OF RENTAL.

Discount applicable on time and mileage and flat rates at participating Dollar locations

Look for Dollar in the terminal!
Or check local directory
and call for immediate pick-up.

To reserve a car in-advance, call your travel agent, Northwest Orient or Dollar toll-free:

800-421-6868

(In California: 800-262-1520)

One discount per rental. Not valid on tour packages, special promotional rates or in conjunction with any other discount. Car must be returned to renting location.

DOLLAR
RENT-A-CAR SYSTEMS®

232-AD-449 REV. 2/78

NORTHWEST ORIENT

FLIGHT	DATE	
DESTINATION	SEAT	GATE
FLIGHT	DATE	
374	JAN 147	
DESTINATION	SEAT	GATE
PLA-		

ISSUED BY

AUTHORIZED AGENT

FLIGHT NOTES

NO SMOKING sections are provided on all Northwest Orient flights. The forward section of each compartment, first class and coach, is reserved for nonsmokers. Signs are posted in the cabin designating the no-smoking sections.

CIGAR SMOKING is not permitted in any section.

RECONFIRMATION of return or continuing reservations on international flights is required at least 72 hours prior to scheduled departure.

PASSENGERS ARE REQUIRED TO CHECK IN at flight departure gate at least 20 minutes before scheduled departure time of domestic flights (30 minutes before 747 and DC-10 flights). Reservations are subject to cancellation when check-in is less than 10 minutes prior to departure time. Check-in time on international flights is 40 minutes before scheduled departure time.

FOR YOUR SECURITY all passengers, and their handcarry items, must be inspected in accordance with the government sponsored security program. Passengers should proceed through security inspection in the departure gate area at least 30 minutes prior to departure.

HAZARDOUS MATERIALS Federal regulations restrict carriage on aircraft of items classified as hazardous materials. These materials include but are not limited to flammable gases, liquids and solids / non-flammable compressed gas / explosives / poisons / corrosives / oxidizing materials / radioactive materials / etiologic agents and magnetic materials. Further information is available upon request.

CARRY-ON BAGGAGE is limited to items which will fit underneath the passenger's seat. All items not needed in flight should be checked, except garment bags.

CHECKED BAGGAGE should be locked. Regulations require name identification on outside. Name labels are available at ticket counters. Do not place money, jewelry or other expensive personal items in baggage which is to be checked. Fragile articles and perishables are accepted as checked baggage only at passenger's own risk. Checked baggage is subject to inspection and passengers may be required to present identification.

ENJOY Coca-Cola Trade-mark ON NORTHWEST FLIGHTS

NORTHWEST ORIENT
Reservations and Information

Akron, Ohio	762-9201	Milwaukee, Wis	272-8920
Anchorage, Alaska	243-1123	Minneapolis, Minn.	726-1234
Atlanta, Ga	577-3271	Missoula, Mont.	728-1400
Baltimore, Md	837-6663	Newark, N.J.	643-8555
Billings, Mont.	248-7301	New Orleans, La.	566-1100
Bismarck, N.D.	255-3054	New York, N.Y.	564-2300
Boston, Mass.	267-4885	Norfolk, Va	625-0347
Bozeman, Mont	587-4591	Oakland, Calif.	391-8440
Buffalo, N.Y.	853-5186	Okinawa	09893-7-1151
Butte, Mont.	792-8341	Olympia, Wash.	943-0480
Chicago, Ill	346-4900	Omaha, Neb.	341-7474
Cincinnati, Ohio	241-6444	Orange Co., Calif.	530-6333
Cleveland, Ohio	267-0515	Osaka, Japan	06-441-7474
Columbus, Ohio	228-6507	Palo Alto, Calif	327-4311
Compton Area, Calif	537-3333	Philadelphia, Pa	922-2900
Dallas, Texas	800-328-7120	Pittsburgh, Pa	391-8484
Denver, Colo	534-2349	Portland, Ore	226-3211
Detroit, Mich	962-2002	Rochester, Minn.	288-1821
Duluth, Minn	727-2525	Sacramento, Calif.	922-7173
Edmonton, Alberta, Can	429-5781	Salt Lake City, Utah	355-7489
El Monte Area, Calif.	444-4531	St. Louis, Mo.	241-2151
Fargo, N.D.	237-5400	St. Paul, Minn	726-1234
Ft. Lauderdale, Fla	525-7204	St. Petersburg, Fla	896-3131
Glendale Area, Calif.	247-3323	San Diego, Calif	239-0488
Grand Forks, N.D.	775-2504	San Francisco, Calif	391-8440
Great Falls, Mont	761-8310	San Jose, Calif.	289-8420
Hartford, Conn	522-3251	Seattle, Wash	433-3500
Hawthorne Area, Calif	644-8633	Seoul, Korea	23-6106
Helena, Mont	442-9586	Spokane, Wash	838-4741
Hempstead, L.I., N.Y.	485-0200	Tacoma, Wash.	927-7100
Hong Kong, Br. Cr.	5-243061	Taipei, Taiwan	596-5951
Hilo, Hawaii	935-5275	Tampa, Fla	229-7761
Honolulu, Hawaii.	955-2255	Tokyo, Japan.	211-7211
Indianapolis, Ind	634-1944	Toronto, Ont	362-2613
Jamestown, N.D.	252-1310	Vancouver, B.C.	683-8281
Kansas City, Mo	842-3788	Van Nuys Area, Calif	986-3733
Los Angeles, Calif.	380-1511	Walnut Creek, Calif	939-7930
Madison, Wis.	255-6711	Washington, D.C.	337-0611
Manila, Philippines	49-55-11	West Palm Beach, Fla	833-6485
Marin Co., Calif.	456-5921	White Plains, N.Y.	945-1183
Miami, Fla	377-0311	Winnipeg, Man., Can	475-2730
Millbrae, Calif.	697-7910		

DISCLOSURE NOTICE
DELIBERATE OVERBOOKING

Airline flights may be overbooked, and there is a slight chance that a seat will not be available on a flight for which a person has a confirmed reservation. A person denied boarding on a flight may be entitled to a compensatory payment. The rules for denied boarding compensation are available at all airport ticket counters.

THE PRICE OF YOUR TICKET IS SUBJECT TO CHANGE PRIOR TO COMMENCEMENT OF TRAVEL

DO NOT STAPLE BAGGAGE CHECKS ABOVE THIS POINT.

VOLUNTARY ☒ INVOLUNTARY ☐

UNUSED TKT ☐ REISSUE ☐ FP ADJ ☐ F/Y ADJ ☐

OTHER ☒ SHORTON

FLIGHT 374 DATE 1/14/79

ORIGINAL TICKET NO.-IF EXCHANGE INVOLVED

AIR LINE FORM SERIAL

NORTHWEST AIRLINES, INC.-012

TRANSPORTATION CREDIT

UNIVERSAL AIR TRAVEL PLAN

DUPLICATE— PASSENGER COPY, ACKNOWLEDGEMENT OF SURRENDER OF TICKETS FOR REFUND.

PLACE AND DATE OF ISSUE

311 NWA 311
JAN 14 '79
MADISON
WI 311

TICKETS		COUPON NUMBERS & DATE SOLD	UNUSED TRANSPORTATION AND PASSENGER'S NAME	FOR ACCOUNTING USE ONLY: AMOUNT CREDITED	CURRENCY OF TICKETOR
AIRLINE OIL	FORM 8291	CPN NBR(S)	FROM MSN	FARE	
SERIAL 537552		DATE SOLD	TO MKE	TAX	RATE OF EXCHANGE
			NAME		
AIRLINE	FORM	CPN NBR(S)	FROM	FARE	AMOUNT IN CONTRACTORS CURRENCY
SERIAL		DATE SOLD	TO	TAX	
			NAME		
			TOTAL		

AGENT SD

NAME OF CR. CARD CO. (OR CODE) IMPRINT/WRITE COMPLETE CR. CARD INFORMATION. SHOW FORM/PAYMENT IF OTHER THAN CR. CARD

S. P. VINOGRAD, M.D.
6527 SOTHORON RD.
McLEAN, VA. 22101

* IF ATP CARD INFO IS COPIED, COPY FIRST THREE LINES OF CARD ONLY.

NOTICE — OVERBOOKING OF FLIGHTS

Airline flights may be overbooked, and there is a slight chance that a seat will not be available on a flight for which a person has a confirmed reservation. If the flight is overbooked, no one will be denied a seat until airline personnel first ask for volunteers willing to give up their reservation in exchange for a payment of the airline's choosing. If there are not enough volunteers the airline will deny boarding to other persons in accordance with its particular boarding priority. With few exceptions, persons denied boarding involuntarily are entitled to compensation. The complete rules for the payment of compensation and each airline's boarding priorities are available at all airport ticket counters and boarding locations.

REV. 6-78 FORM ATC-137

8291:537:552

2 FLIGHT

PASSENGER TICKET and BAGGAGE CHECK

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGER'S COUPON

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY
OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

ADVICE TO INTERNATIONAL PASSENGERS ON LIMITATION OF LIABILITY

Passengers on a journey involving an ultimate destination or a stop in a country other than the country of origin are advised that the provisions of a treaty known as the Warsaw Convention may be applicable to the entire journey, including any portion entirely within the country of origin or destination. For such passengers on a journey to, from, or with an agreed stopping place in the United States of America, the Convention and special contracts of carriage embodied in applicable tariffs provide that the liability of certain carriers, parties to such special contracts, for death of or personal injury to passengers is limited in most cases to proven damages not to exceed U. S. $75,000 per passenger, and that this liability up to such limit shall not depend on negligence on the part of the carrier. The limit of liability of U. S. $75,000 above is inclusive of legal fees and costs except that in case of a claim brought in a state where provision is made for separate award of legal fees and costs, the limit shall be the sum of U. S. $58,000 exclusive of legal fees and costs. For such passengers traveling by a carrier not a party to such special contracts or on a journey not to, from, or having an agreed stopping place in the United States of America, liability of the carrier for death or personal injury to passengers is limited in most cases to approximately U. S. $10,000 or U. S. $20,000.

The names of carriers, parties to such special contracts, are available at all ticket offices of such carriers and may be examined on request.

Additional protection can usually be obtained by purchasing insurance from a private company. Such insurance is not affected by any limitation of the carrier's liability under the Warsaw Convention or such special contracts of carriage. For further information please consult your airline or insurance company representative.

REV. 1-74

REV. 4-77

NOTICE OF BAGGAGE LIABILITY LIMITATIONS

Liability for loss, delay, or damage to baggage is limited as follows unless a higher value is declared in advance and additional charges are paid: (1) For most international travel (including domestic portions of international journeys) to approximately $9.07 per pound ($20.00 per kilo) for checked baggage and $400 per passenger for unchecked baggage; (2) For travel wholly between U.S. points, to $750 per passenger on most carriers (a few have lower limits). Excess valuation may not be declared on certain types of valuable articles. Carriers assume no liability for fragile or perishable articles. Further information may be obtained from the carrier.

IMPORTANT RECONFIRMATION NOTICES

INTERNATIONAL JOURNEYS

If you break your journey for more than 72 hours at any point, please reconfirm your intention of using your continuing or return reservation. To do so, please inform the airline office at the point where you intend to resume your journey at least 72 hours before departure of your flight. Failure to reconfirm will result in the cancellation of your reservation.

If your journey is wholly within Europe, this notice does not apply to you.

JOURNEYS WITHIN CANADA/U.S.A. AND TO OR FROM MEXICO.

Contact the carrying airline for the applicable requirements.

ENDORSEMENTS/RESTRICTIONS (CARBON)

ORIGIN: WASHINGTON

DESTINATION: WASHINGTON

CONJUNCTION TICKET(S)

PASSENGER'S COUPON

NAME OF PASSENGER — NOT TRANSFERABLE: DR. S.P. VINOGRAD

ISSUED IN EXCHANGE FOR

DATE OF ISSUE: 9 JAN 79

COUPONS NOT VALID BEFORE: 1 2

COUPONS NOT VALID AFTER: 1 2

ORIGINAL ISSUE — CARRIER | FORM & SERIAL NUMBER | PLACE | DATE | AGENTS NUMERIC CODE

TICKET DESIGNATOR | TOUR CODE

REV. 1-78

PRINTED IN U.S.A. BY RAND McNALLY

X/O	NOT GOOD FOR PASSAGE	FARE BASIS	ALLOW	CARRIER	FLIGHT/CLASS	DATE	TIME	STATUS
	FROM WASHINGTON NATIONAL	Y		NW	379 Y	JAN 10	700	OK
	TO MADISON	Y		NW	378 Y	JAN 14	235	OK
	TO WASHINGTON NATIONAL							

NOT GOOD FOR PASSAGE

BAGGAGE CHECKED UNCHECKED → PCS. | WT. | UNCK. WT. | PCS. | WT. | UNCK. WT.

FROM/TO	CARRIER	FARE CALCULATION
WAS		
MSN	NW	88.00
WAS	NW	88.00

See below for Airline Form, Serial Number

AAA WORLDWIDE TRAVEL DEPT FALLS CHURCH VA 49 52996 6 A

MN

7

FARE 176.00

FORM OF PAYMENT: CHECK-AGT.

PASSENGER TICKET & BAGGAGE CHECK — ISSUED BY

NORTHWEST ORIENT

012 5

SUBJECT TO CONDITIONS OF CONTRACT ON PASSENGERS COUPON

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM/TO ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

FARE	EQUIV. AMT. PD
162.96	
TAX 13.04	TOTAL 176.00

ROUTE CODE | ENCODE | CPN | AIRLINE CODE | FORM | SERIAL NUMBER | CK

012 8291537552 4

NOTICE

If the passenger's journey involves an ultimate destination or stop in a country other than the country of departure the Warsaw Convention may be applicable and the Convention governs and in most cases limits the liability of carriers for death or personal injury and in respect of loss of or damage to baggage. See also notice headed "Advice to International Passengers on Limitation of Liability."

CONDITIONS OF CONTRACT

1. As used in this contract "ticket" means this passenger ticket and baggage check, of which these conditions and the notices form part, "carriage" is equivalent to "transportation", "carrier" means all air carriers that carry or undertake to carry the passenger or his baggage hereunder or perform any other service incidental to such air carriage, "WARSAW CONVENTION" means the Convention for the Unification of Certain Rules Relating to International Carriage by Air signed at Warsaw, 12th October 1929, or that Convention as amended at The Hague, 28th September 1955, whichever may be applicable.

2. Carriage hereunder is subject to the rules and limitations relating to liability established by the Warsaw Convention unless such carriage is not "international carriage" as defined by that Convention.

3. To the extent not in conflict with the foregoing carriage and other services performed by each carrier are subject to: (I) provisions contained in this ticket, (II) applicable tariffs, (III) carrier's conditions of carriage and related regulations which are made part hereof (and are available on application at the offices of carrier), except in transportation between a place in the United States or Canada and any place outside thereof to which tariffs in force in those countries apply.

4. Carrier's name may be abbreviated in the ticket, the full name and its abbreviation being set forth in carrier's tariffs, conditions of carriage, regulations or timetables; carrier's address shall be the airport of departure shown opposite the first abbreviation of carrier's name in the ticket; the agreed stopping places are those places set forth in this ticket or as shown in carrier's timetables as scheduled stopping places on the passenger's route; carriage to be performed hereunder by several successive carriers is regarded as a single operation.

5. An air carrier issuing a ticket for carriage over the lines of another air carrier does so only as its agent.

6. Any exclusion or limitation of liability of carrier shall apply to and be for the benefit of agents, servants and representatives of carrier and any person whose aircraft is used by carrier for carriage and its agents, servants and representatives.

7. Checked baggage will be delivered to bearer of the baggage check. In case of damage to baggage moving in international transportation complaint must be made in writing to carrier forthwith after discovery of damage and, at the latest, within 7 days from receipt; in case of delay, complaint must be made within 21 days from date the baggage was delivered. See tariffs or conditions of carriage regarding non-international transportation.

8. This ticket is good for carriage for one year from date of issue, except as otherwise provided in this ticket, in carrier's tariffs, conditions of carriage, or related regulations. The fare for carriage hereunder is subject to change prior to commencement of carriage. Carrier may refuse transportation if the applicable fare has not been paid.

9. Carrier undertakes to use its best efforts to carry the passenger and baggage with reasonable dispatch. Times shown in timetable or elsewhere are not guaranteed and form no part of this contract. Carrier may without notice substitute alternate carriers or aircraft, and may alter or omit stopping places shown on the ticket in case of necessity. Schedules are subject to change without notice. Carrier assumes no responsibility for making connections.

10. Passenger shall comply with Government travel requirements, present exit, entry and other required documents and arrive at airport by time fixed by carrier or, if no time is fixed, early enough to complete departure procedures.

11. No agent, servant or representative of carrier has authority to alter, modify or waive any provision of this contract.

Rev. 4/25/69 – A

CARRIER RESERVES THE RIGHT TO REFUSE CARRIAGE TO ANY PERSON WHO HAS ACQUIRED A TICKET IN VIOLATION OF APPLICABLE LAW OR CARRIER'S TARIFFS, RULES OR REGULATIONS

Issued by the Carrier whose name is in the "Issued By" section on the face of the Passenger Ticket and Baggage Check.

SUBJECT TO TARIFF REGULATIONS

MEMO

From
STEVEN M. BARNEY

Date: 2/7/79

To: Dr. Sherman Vinograd

Dear Sherm:

I appreciate your thoughtful letter and I am most enthusiastic that you will be returning to meet again. The one regret is that a previous commitment will prevent my being here to see you Friday.

The check covering your expenses is attached.

I hope that I will have an opportunity to see you in the near future.

Steve

b1

ST. MARYS HOSPITAL
MEDICAL CENTER
MADISON, WISCONSIN

MADISON (WISCONSIN) HOSPITALS

MEDICAL STAFF APPLICATION FORM

Check Hospital(s) Applying To:

_____ Madison General Hospital
_____ Methodist Hospital
_____ St. Marys Hospital Medical Center
_____ University Hospitals

Name _____ Date _____
last first middle

Office Address _____ Telephone _____

Residence Address _____ Telephone _____

Date of Birth _____ Birthplace _____ Citizenship _____
Marital Status _____

Undergraduate Education:

College & City _____ Degree & Date _____

College & City _____ Degree & Date _____

Medical Education:

College & City _____ Degree & Date _____

College & City _____ Degree & Date _____

Internship:

Hospital _____ Dates _____

Type _____

Post-Graduate Education	Institution & Location	Dates	Chief of Service
1.			
2.			
3.			
4.			

In what specialty do you wish to practice? _____

Have you completed the required training for admission to the examination for certification by the Specialty Board? _____

Are you a certified board member? _____ Date _____

Certification Number _____

Membership in Medical Societies (Past and Present) _____

_____

_____

Licensure in the State of Wisconsin? _____ Date _____

License Number _____ Other licensures _____

List places and dates of practice or employment after internship not listed on the preceding page:

_____

_____

_____

List publications (Separate sheet may be used) _____

_____

_____

List hospital staff appointments (Past and Present, Including Dates) _____

_____

_____

_____

Have your privileges at any hospital or in any medical organization ever been suspended, diminished, revoked or not renewed? _____
If yes, explain in full detail on a separate sheet.

By submission of this request for membership and privileges, I hereby consent to the release to an appropriate committee any information concerning my medical practice or any other hospital, former employer or medical association and waive any cause of action against the hospital, members of the governing bodies or medical staff as a result of their review or discussion of my present or past medical performance in considering my appointment, reappointment or suspension of privileges on a medical staff.

I certify that the statements in this application are true, and I understand that misrepresentation or omission of facts called for in this form is cause for rejection at this time, or dismissal in the future when such misrepresentation or omission is discovered.

_____
Signature

St. Marys Hospital
Medical Center
707 South Mills Street, Madison, Wisconsin 53715

Application for Employment

DATE _____

Personal Data

NAME _____
LAST FIRST INITIAL

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ DATE OF BIRTH _____ SOCIAL SECURITY # ____ / ____ / ____

POSITION APPLIED FOR _____ FULL TIME ☐ PART TIME ☐

IF YOU HAVE BEEN KNOWN BY NAMES OTHER THAN THE ABOVE, PLEASE LIST THEM: _____

_____ _____ _____

IN EMERGENCY, NOTIFY _____

RELATIONSHIP _____ ADDRESS _____ PHONE _____

ARE YOU NOW DRAWING OR HAVE YOU EVER DRAWN WORKER'S COMPENSATION? YES ☐ NO ☐

HAVE YOU BEEN HOSPITALIZED IN THE PAST FIVE YEARS? YES ☐ NO ☐

HAVE YOU BEEN UNDER A DOCTOR'S CARE IN THE PAST TWO YEARS? YES ☐ NO ☐

HOW MUCH WORK HAVE YOU LOST THROUGH ILLNESS IN THE PAST TWO YEARS? _____

ARE YOU PRESENTLY UNDER A DOCTOR'S CARE? YES ☐ NO ☐

PHYSICIAN'S NAME _____ ADDRESS _____

IF NON-CITIZEN, INDICATE VISA TYPE AND NUMBER _____

HAVE YOU BEEN CONVICTED IN A COURT OF LAW FOR OTHER THAN TRAFFIC VIOLATIONS? YES ☐ NO ☐

HAVE YOU EVER APPLIED FOR WORK AT THIS HOSPITAL BEFORE? YES ☐ NO ☐

HAVE YOU EVER BEEN EMPLOYED BY THIS HOSPITAL BEFORE? YES ☐ NO ☐

IF YES, WHEN? _____ UNDER WHAT NAME? _____

EQUAL OPPORTUNITY EMPLOYER

Military Status

Military Service: Branch _____ Rank when discharged _____

Date Entered _____ Date discharged _____

Type of experience _____

Educational Background

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Schooling Level	Name & Address	Course of Study	Dates Attended	Did you graduate?
Grade School			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year
High School			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year
College or University			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year
Graduate School			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year
Professional, Vocational, Business			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year
Other			From ____ Mo. Yr. To ____ Mo. Yr.	Yes ☐ Degree No ☐ Diploma Year

Professional Registration

If you have applied for state registration, give date applied _____

Type _____ State _____ License No. _____

Type _____ State _____ License No. _____

Type _____ State _____ License No. _____

Additional remarks: _____

References

List three names who are not former employers or relatives

Name _____ Address _____ City _____

Name _____ Address _____ City _____

Name _____ Address _____ City _____

List any special skills you may have (school honors, etc.) _____

Additional comments _____

Work History

List your work experience for the past (10) ten years beginning with your most recent position

Company	Dates Employed	Rate of Pay	Type of Work	Reason for Leaving
1) Name _____ Address _____ City _____ Zip _____	From _____ Mo. Yr. To _____ Mo. Yr.	$ _____ ☐ Hour ☐ Week ☐ Month		
2) Name _____ Address _____ City _____ Zip _____	From _____ Mo. Yr. To _____ Mo. Yr.	$ _____ ☐ Hour ☐ Week ☐ Month		
3) Name _____ Address _____ City _____ Zip _____	From _____ Mo. Yr. To _____ Mo. Yr.	$ _____ ☐ Hour ☐ Week ☐ Month		
4) Name _____ Address _____ City _____ Zip _____	From _____ Mo. Yr. To _____ Mo. Yr.	$ _____ ☐ Hour ☐ Week ☐ Month		
5) Name _____ Address _____ City _____ Zip _____	From _____ Mo. Yr. To _____ Mo. Yr.	$ _____ ☐ Hour ☐ Week ☐ Month		

May we contact your present employer? Yes ☐ No ☐

The facts set forth in my application for employment are true and complete. False statements on this application shall be considered sufficient cause for non-employment or for dismissal after employment. I also recognize that my employment is based on receipt of satisfactory information from former employers and references, and upon my ability to pass a physical examination. I herein authorize the administration of this institution to investigate without liability the information supplied by me in this application for employment including academic, occupational, health, police, and governmental records. I also authorize listed employers and references without liability to make full response to any inquiries by the administration of this institution in connection with this application for employment. Further, if employed, I agree to work the hours, days and shifts as scheduled. I will share weekend and holiday coverage. I will work in another department if requested to do so. I further certify that I have read the foregoing paragraph and knowingly make this authorization by setting forth my signature.

Signature _____ Date _____

For Hospital Use Only

INTERVIEWER'S NOTES

Signature / Date

INTERVIEWER'S NOTES

Signature / Date

INTERVIEWER'S NOTES

Signature / Date

Interviewed by _____

Employment Date _____ Dept. _____ Position _____ Full Time ☐ Part Time ☐

Salary _____ Shift _____ Grade _____ Date Physical Completed _____

Other _____

785-02 (REV. 9/77)

ST. MARYS HOSPITAL MEDICAL CENTER
MADISON, WISCONSIN

PERMISSION FOR REFERENCE CHECK

To Whom It May Concern:

I have applied to St. Marys Hospital Medical Center for employment. I hereby authorize the Hospital to request such information as necessary to verify information given by me on the application form. I also authorize you to release this information.

_____ _____

Date Signature of Applicant

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION
WASHINGTON, D.C. 20546

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

REPLY TO ATTN OF: QPH

May 18, 1976

Dr. Sherman P. Vinograd
NASA Headquarters
Washington, D.C. 20546

Dear Dr. Vinograd:

This confirms your appointment with Johnson Space Center to the position of Medical Officer (Deputy Director, Life Sciences Directorate, JSC).

The appointment is made under Title 42, Section 2473 (B)(2) of the United States Code.

You are presently serving in a position in the Competitive Service and acceptance of the above offer will result in your leaving the Competitive Service. This means that the Civil Service Act and other laws applying to Competitive Service positions in such matters as reduction in force, promotion, demotion and separation for cause will not apply to you during your service in this Excepted position. There is no change in your rights and benefits under the retirement, life insurance, health insurance, leave and similar programs.

Excepted employees have no RIF bumping or retreat rights nor are they covered by the NASA system for appeals of adverse actions. However, you will retain all applicable rights under Title 5 Section 7512 of the United States Code relating to adverse actions affecting persons with veterans preference.

If you should later wish to return to the Competitive Service, you may be considered for reinstatement based on your previous Career Appointment.

DCA
WASHINGTON
NATIONAL

NORTHWEST ORIENT
BAGGAGE CLAIM CHECK
Baggage liability limit $500 per passenger unless excess value declared and applicable charges paid. Subject to tariff rules. Different limit for international carriage. See Ticket.
174-905
WASHINGTON
NATIONAL

APPLICATION FOR RETIREMENT
CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Typewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME *(Last)* *(First)* *(Middle)*

2. LIST ALL OTHER NAMES YOU HAVE USED

3. ADDRESS *(Including ZIP code)*

4. PHONE NUMBER *(Including Area Code)*

5. DATE OF BIRTH *(Month) (Day) (Year)*

6. SOCIAL SECURITY ACCOUNT NUMBER

7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? ☐ YES ☐ NO

7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN?

8A. ARE YOU MARRIED ☐ YES ☐ NO

8B. IF "YES" GIVE THE FOLLOWING INFORMATION

WIFE'S OR HUSBAND'S NAME *(First) (Middle)*	HER (OR HIS) BIRTH DATE *(Month) (Day) (Year)*	HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER	DATE OF MARRIAGE *(Month) (Day) (Year)*	PLACE OF MARRIAGE *(City) (State)*	MARRIAGE PERFORMED BY: ☐ CLERGYMAN OR JUSTICE OF THE PEACE ☐ OTHER *(Specify)*

9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 *(Or over age 22 and incapable of self support because of a disability incurred before age 18)?* ☐ YES ☐ NO

9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE

CHILD'S NAME *(First) (Middle) (Last)*	DATE OF BIRTH *(Mo.) (Day) (Yr.)*	CHILD'S NAME *(First) (Middle) (Last)*	DATE OF BIRTH *(Mo.) (Day) (Yr.)*

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE

2. DATE OF FINAL SEPARATION *(Month) (Day) (Year)*

3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN | MILITARY

4. TITLE OF LAST POSITION

5. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? ☐ YES ☐ NO

6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? ☐ YES ☐ NO

7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? ☐ YES ☐ NO

7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER | ENROLLMENT CODE NUMBER

8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.

BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE *(Div., Regt., Co., etc.)*

9A. ARE YOU A MILITARY RESERVIST *(Either Active or Inactive)*? ☐ YES ☐ NO

9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? *(Retired pay does not include V.A. pension or compensation.)* ☐ YES ☐ NO

9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? *(Formerly Title III, Public Law 80–810)* ☐ YES ☐ NO

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED.

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? ☐ YES ☐ NO

1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER | FROM *(Mo.) (Day) (Year)* TO *(Mo.) (Day) (Year)*

2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? ☐ YES ☐ NO

2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN ☐ RETIREMENT ☐ DEPOSIT OR REDEPOSIT ☐ REFUND ☐ VOLUNTARY CONTRIBUTIONS | CLAIM NUMBER(S)

3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? ☐ YES ☐ NO

3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B

4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? ☐ YES ☐ NO

4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. INITIALS _____ **ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER**

SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.

If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.

$ _____

THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.

- If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.
- The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to $3,600 a year used as the base for the survivor benefit, plus 10% of any amount over $3,600 so used.
- If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.
- The survivor's annuity will not begin until your death.

2. INITIALS _____ **ANNUITY WITHOUT SURVIVOR BENEFIT**

(I do not desire my wife (or husband) to receive a survivor annuity benefit after my death.)

- If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.
- This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. INITIALS _____ **ANNUITY WITHOUT SURVIVOR BENEFIT**

- If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.
- This type provides annuity payments to you only.

2. INITIALS _____ **ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST**

SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY

NAME OF PERSON *(First, middle, last)*	
RELATIONSHIP	DATE OF BIRTH *(Mo., day, yr.)*
	SOCIAL SECURITY ACCOUNT NUMBER

SEE **UNMARRIED EMPLOYEES** UNDER **INFORMATION REGARDING SURVIVOR ANNUITIES** ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.

- This type is available to all retiring *unmarried* employees who are *in good health*.
- It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.
- The survivor's annuity will not begin until your death.
- The survivor's annuity will be 55% of the reduced annuity you receive.
- If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.
- If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

_____ (DATE) _____ (SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:

☐ INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.

☐ INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ (DATE) WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____.

NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY *(Type or print)*	SIGNATURE OF RESPONSIBLE AGENCY OFFICIAL	
	OFFICIAL TITLE	DATE
TELEPHONE NUMBER, INCLUDING AREA CODE	DEPARTMENT OR AGENCY	

OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.

This application form is for employees separated from Federal service on or after October 20, 1969. If separated before that date, you should not use this form. You may request the proper **Application for Retirement** from the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415.

(The applicant will detach the information sheet before filing the application)

INFORMATION REGARDING APPLICATION FOR RETIREMENT

CIVIL SERVICE RETIREMENT SYSTEM

This application form is for employees separated from Federal service on or after October 20, 1969. If separated before that date, you should not use this form. You may request the proper **Application for Retirement** from the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415.

GENERAL INFORMATION

1. If not yet separated, or if separated on or after October 20, 1969, complete the attached application in full.

2. Typewrite or print in ink.

3. If this application is for retirement based upon total disability:

   (a) You must submit a statement from your personal physician on Standard Form 2801-B, or a narrative statement on the physician's stationery describing in detail the nature and extent of your disability, with an expression of opinion as to whether or not you are totally disabled for useful and efficient service in your position and as to whether the disease or injury is due to vicious habits, intemperance, or willful misconduct. The statement must include the date when such disability began. If the physician prefers, he may furnish this statement in a sealed envelope marked with your name and the words, "Disability Retirement—Privileged-Private" directly to your employing agency which will forward it to the appropriate Medical Officer of the Civil Service Commission.

   (b) Your employing agency must submit a statement by your superior officer on Standard Form 2801-A.

4. If not yet separated, or if separated 30 days or less, submit the completed application to your employing department or agency.

5. If separated more than 30 days, send the completed application directly to the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415.

6. You will be notified when your application is received by the Civil Service Commission and you will be fully informed about your retirement annuity when adjudication of your claim has been completed.

7. There are several sources from which you may obtain any additional information vou may need to assist you in completing this application:

   (a) Refer to your "Certificate of Membership in the United States Civil Service Retirement System."

   (b) Contact the personnel office of the department or agency in which you are presently employed.

   (c) If neither of these sources of information is available, contact the nearest regional office of the U.S. Civil Service Commission or the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415.

INFORMATION REGARDING SURVIVOR ANNUITIES

MARRIED EMPLOYEES

After your death your wife (or husband) will receive a survivor annuity equal to 55% of your annuity unless you choose otherwise at retirement.

To provide the survivor annuity, your annuity up to $3,600 a year will be reduced 2½%; any portion of your annuity over $3,600 a year will be reduced 10%. If your annuity is $3,600 a year or less, only the 2½% reduction will apply.

If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor. Here are some examples of annuities using all the employee's annuity as the base for the survivor benefit.

Employee's Annuity Before Reduction		Employee's Annuity After Reduction		Wife's or Husband's Survivor Annuity	
Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
$1,800	$150	$1,755	$146	$990	$83
2,400	200	2,340	195	1,320	110
3,600	300	3,510	293	1,980	165
4,800	400	4,590	383	2,640	220
6,000	500	5,670	473	3,300	275

If you prefer, you may specify a portion rather than all of your annuity for use as a base for the survivor benefit. The reduction in your annuity then will apply only to the lesser amount you specify. Your wife's (or husband's) survivor annuity will be 55% of the specified lesser amount.

Or, you may choose an annuity payable only during your lifetime. Your annuity then will not be reduced for survivor benefits. However, your wife (or husband) *cannot* be paid a survivor annuity after your death.

UNMARRIED EMPLOYEES

If you are unmarried (or widowed or divorced) you will receive an annuity payable only during your lifetime.

Or, if you are in good health, you may at retirement name a person with an insurable interest to receive a survivor annuity after your death. If you do this, your annuity will be reduced. The survivor's annuity will be 55% of your reduced annuity.

If you name a person with an insurable interest to receive a survivor annuity after your death, the amount of the reduction in your annuity will depend upon the difference between your age and the age of the person named as survivor annuitant, as shown in the table below.

Age of Person Named in Relation to That of Retiring Employee	Reduction in Annuity of Retiring Employee
Older, same age, or less than 5 years younger	10%
5 but less than 10 years younger	15%
10 but less than 15 years younger	20%
15 but less than 20 years younger	25%
20 but less than 25 years younger	30%
25 but less than 30 years younger	35%
30 or more years younger	40%

If you choose a reduced annuity with a survivor benefit to a person having an insurable interest, you must undergo a medical examination which the Civil Service Commission will arrange without cost to you. If you are retiring on account of total disability, you are not eligible to elect this type of annuity.

SURVIVOR ANNUITY TO CHILDREN

Regardless of type of annuity elected at retirement, your unmarried children, if any, under age 18 at the time of your death may qualify for survivor annuity. An unmarried child over age 18 may also qualify for survivor annuity if incapable of self support because of a disability which began before age 18, or, if under 22, a full-time student at a recognized educational institution.

If you are survived by a wife (or husband), each eligible child will

(CONTINUED ON NEXT PAGE)

be paid survivor annuity equal to whichever of the following *annual* amounts is the least: (a) 40 percent of your "high-3" average pay divided by the number of eligible children, (b) $2,835 divided by the number of children, or (c) $945.

If you are *not* survived by a wife (or husband), each eligible child will be paid the least of the following *annual* amounts: (a) 50 percent of your "high-3" average pay divided by the number of eligible children, (b) $3,402 divided by the number of children, or (c) $1,134.

WHO MAY RECEIVE ANNUITIES

1. General Requirements.—A minimum of 5 years of civilian service is required before an annuity is payable in any case. In addition, except for retirement on account of total disability, an employee must have been subject to the retirement law for at least 1 out of the last 2 years before the separation on which his retirement is based.

Title 5, United States Code 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. An employee who is barred by this law may not receive an annuity.

2. Based Upon Age and Service.—An immediate annuity is payable to an employee upon separation if he has at least (a) 5 years of civilian service and is 62 years of age or over, (b) 20 years of service and is 60 years of age or over, or (c) 30 years of service and is 55 years of age or over.

3. Based Upon Involuntary Separation.—An immediate annuity is payable to an employee upon his involuntary separation, not for cause, if he has at least (a) 20 years of service and is age 50 or over or (b) 25 years of service, regardless of age.

4. Based Upon Total Disability.—An immediate annuity is payable to an employee if he (a) has completed at least 5 years of civilian service, and (b) becomes totally disabled for useful and efficient service in his own grade or class of position, and (c) files application with the Civil Service Commission prior to or within 1 year after his separation (this time limitation may be extended in certain cases where the applicant is incompetent).

5. Based Upon Deferred Retirement.—A deferred annuity which begins when he reaches age 62 is payable to an employee who has completed 5 years of civilian service and who is separated for any reason, or who is transferred to a position which is under another retirement system.

6. Based Upon Law-Enforcement Service.—An employee whose duties are primarily the investigation, apprehension, or detention of criminals may be paid an immediate annuity if he has at least 20 years of such law-enforcement service, is age 50 or over, and meets certain other requirements. Additional information concerning law-enforcement annuities may be obtained from the employing agency.

HOW ANNUITIES ARE COMPUTED

1. Basic Annuity Formula.—For employees generally, (a) take: 1½% of the "high-3" average pay and multiply the result by 5 years of service; (b) add: 1¾% of the "high-3" average pay multiplied by years of service between 5 and 10; and (c) add: 2% of the "high-3" average pay multiplied by all service over 10 years.

Instead of using the 1½%, 1¾%, and 2%, there may be substituted 1% of the "high-3" average pay plus $25 for any or all of these percentages if such substitution will produce a higher annuity.

The "high-3" average pay is the highest pay obtainable by averaging the rates of basic pay in effect during any 3 consecutive years of service with each rate weighted by the time it was in effect.

If an employee has not made a redeposit in the Retirement Fund to cover service for which he received a refund of retirement deductions, that service is excluded from length of service in computing his annuity.

2. Formula for Law-Enforcement Personnel.—The basic annuity of an employee who retires under the special provision covering law-enforcement personnel is 2% of the "high-3" average pay, multiplied by the total years of service.

3. Limitation on Basic Annuity.—The basic annuity may not be more than 80% of the employee's "high-3" average pay. Retirement deductions withheld after the month the 80% limitation is reached are at separation set aside as a special credit. At retirement, the special credit is applied to any deposit or redeposit which, if unpaid, would reduce the basic annuity below the 80% limitation. Any balance, or the entire special credit if no deposit or redeposit is due, is refundable before annuity has been granted or may be used as voluntary contributions to purchase additional annuity as explained in item 8. The additional annuity will be automatically authorized unless the employee attaches a statement to the application indicating he wants a refund of the excess deductions.

4. Guaranteed Minimum Disability Annuity.—An employee retiring before age 60 on account of total disability is guaranteed a minimum basic annuity which amounts to the lesser of (a) 40% of his "high-3" average pay, or (b) the sum obtained by using the formula in (1) above, but increasing the length of actual service by the period between the date of the employee's separation for retirement and the date he reaches age 60.

If the basic "earned" annuity computed in (1) above is greater than the guaranteed minimum, this basic "earned" annuity is used.

5. Reduction for Early Retirement.—Unless retirement is on account of total disability, or under the special provision for law-enforcement personnel, an employee who retires before age 55 (discontinued service) will have his basic annuity reduced by 1/6 of 1% (2% a year) for each full month, if any, he is under age 55.

6. Reduction for Non-Deduction Service.—An employee who has service during which no retirement deductions were made from his salary and for which he has not made a deposit in the Retirement Fund, will have his annuity reduced by 10% of the amount due as deposit. This reduction does not apply, and no deposit need be made, for service before August 1, 1920, for military service, or for Panama Railroad Company service before January 1, 1924.

7. Reduction for Survivor Annuity.—This reduction is explained under "Information Regarding Survivor Annuities" on the other side of this page.

8. Additional Annuity.—An employee who, in addition to the amounts withheld from his salary, has made voluntary contributions to the Retirement Fund will be paid, in addition to the regular annuity, $7, plus 20¢ for each full year he is over age 55 at retirement, for each $100 in his voluntary contributions account. If, with respect to his voluntary contributions, an employee elects a survivor annuity, the additional annuity purchased will be reduced as indicated in "UNMARRIED EMPLOYEES" under "Information Regarding Survivor Annuities" on the other side of this page. However, the survivor's additional annuity will be 50% of the employee's additional annuity as reduced. An employee who is a citizen of the United States and not in receipt of a Panama Canal Construction benefit will be paid an additional annuity of $36 for each year he may have served in the construction of the Panama Canal or the Alaska Railroad.

9. Payment and Accrual of Annuity.—All annuities are payable in monthly installments on the first business day of the month following the one for which the annuity has accrued. All annuities are adjusted to the nearest dollar.

10. Cost of Living Review.—Each month the Civil Service Commission will review the nationwide cost of living. Whenever the cost of living, nationwide, goes up by at least 3% since the most recent cost-of-living increase and stays up at least 3% for 3 consecutive months, annuities will be automatically increased by a percentage approximately equal to 1% more than the percentage rise in the cost of living. Additional annuity purchased by voluntary contributions is not increased.

11. Unused Sick Leave.—An employee who retires with any unused sick leave to his credit will have the number of working days represented by such leave added to his years of service for the purpose of computing his annuity. Additional annuity thereby earned will not be subject to the 80% limitation on basic annuity. Days of unused sick leave may not be used in determining average pay or length of service for annuity eligibility.

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National Aeronautics and
Space Administration

Washington, D.C.
20546

20 March 1979

Reply to Attn of: John A. S. Pitts, NASA History Office, Code LH-14

Dr. Sherman P. Vinograd
Chief, Medical Sciences (SBR-3)
NASA Life Sciences Division
Washington, DC 20546

Dear Dr. Vinograd:

This is a brief note to thank you for allowing me an opportunity to speak with you. It was apparent to me that your experience with NASA has been significant, diverse and interesting, and that your recollection of that experience will be of great value to my analysis.

You will recall that we have tentatively agreed to conducting a taped interview on Thursday, 26 April, at an unspecified time and location. I will attempt to contact you at your office during the week of 16 - 20 April, in order to work out the final details. If, in the interim, you locate photographs or documents that you feel may be useful, I would be grateful if you would allow me to see them.

Again, my thanks for your time and assistance.

Yours sincerely,

John A.S. Pitts

John A.S. Pitts, Ph.D.
Contract Historian

INDIANA UNIVERSITY
Department of Chemistry
CHEMISTRY BUILDING
BLOOMINGTON, INDIANA 47401

TEL. NO. 812—337-5610

May 8, 1979

Professor Sherman Vinograd
c/o Life Sciences Division
Office of Space Science
National Aeronautics and Space Administration
Washington, D.C. 20546

Dear Sherm:

I was very glad to receive an invitation to your farewell dinner, and really felt lousy when I missed the date due to the chaotic ending of our semester. Although I was unable to attend in any case, I had been planning to call and to give you my very best regards.

I have to say that your wit, wisdom, and calmness under fire were extremely important to whatever success the Life Sciences Advisory Committee might have had. In particular, the Editorial Committee was one of the few groups whose meetings I have actually looked forward to, in large part because the individuals involved were so stimulating and pleasant.

I hope that you'll let me know where you have ended up. There is always a chance that our paths might cross, and it would be a great pleasure to see you again. Certainly you should let me know if you happen to be coming in the direction of Bloomington at any time.

With best regards and best wishes,

Sincerely,

John

J. M. Hayes
Professor

JMH:jbd