

MEDICAL IDENTIFICATION CARD

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDICAL PROVIDED THAT BENEFITS UNDER OTHER COVERAGE, INCLUDING MEDICARE, ARE USED FIRST. I ASSIGN PAYMENTS FOR CLAIMS FOR SERVICES UNDER MEDICARE TO THOSE PROVIDING SERVICES.

SSA#553192880

NO COPAY

VALID: JAN 1976 LIABILITY:

OTHER COVERAGE: 00NO DOB 12-19-68 M

*38-30-0842194-0-11**0** K342
GARY VASSAR

JUNE STRAIN
1664 PAGE ST
SF CA

94117

-----383008421940110165361G12

LL6-a MC 300 (B) 473

PROVIDER OF SERVICE

FOR EACH SERVICE REMOVE ONE OF THE LABELS AND ATTACH TO YOUR CLAIM.

*GARY VASSAR	*GARY VASSAR
3830-0842194-011	3830-0842194-011
*0176MEDION*68M5	*0176MEDION*68M5
00NO	00NO
*GARY VASSAR	*GARY VASSAR
3830-0842194-011	3830-0842194-011
*0176*POEON*68M5	*0176*POEON*68M5
00NO	00NO
*GARY VASSAR	*GARY VASSAR
3830-0842194-011	3830-0842194-011
*0176*POEON*68M5	*0176*POEON*68M5
00NO	00NO
*GARY VASSAR	*GARY VASSAR
3830-0842194-011	3830-0842194-011
*0176*POEON*68M5	*0176*POEON*68M5
00NO	00NO

MEDI-CAL BENEFICIARY YOU MUST PRESENT THIS CARD TO YOUR PROVIDER WHEN YOU SEEK MEDICAL ATTENTION

MEDICAL IDENTIFICATION CARD

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SSA#559802335

NO COPAY

VALID: JAN 1976 LIABILITY:

OTHER COVERAGE: 00NO DOB 07-11-49 F

*38-30-0842194-0-01**0** K342
JUNE STRAIN

JUNE STRAIN
1664 PAGE ST
SF CA

94117

383008421940010165361G12

LL6-b MC 300 (B) 473

PROVIDER OF SERVICE

FOR EACH SERVICE REMOVE ONE OF THE LABELS AND ATTACH TO YOUR CLAIM.

*JUNE STRAIN	*JUNE STRAIN
3830-0842194-001	3830-0842194-001
*0176MEDION*49F4	*0176MEDION*49F4
00NO	00NO
*JUNE STRAIN	*JUNE STRAIN
3830-0842194-001	3830-0842194-001
*0176*POEON*49F4	*0176*POEON*49F4
00NO	00NO
*JUNE STRAIN	*JUNE STRAIN
3830-0842194-001	3830-0842194-001
*0176*POEON*49F4	*0176*POEON*49F4
00NO	00NO
*JUNE STRAIN	*JUNE STRAIN
3830-0842194-001	3830-0842194-001
*0176*POEON*49F4	*0176*POEON*49F4
00NO	00NO

MEDI-CAL BENEFICIARY YOU MUST PRESENT THIS CARD TO YOUR PROVIDER WHEN YOU SEEK MEDICAL ATTENTION

THIS DAY

Adult Donations

MEDI-CAL IDENTIFICATION CARD

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SSA#55720671 NO COPAY
VALID, JULY 1976 LIABILITY

OTHER COVERAGE DOB 08-26-46 F

*19-30-2411815-1-26**0**53
VERSIE L PERKINS

C/O VERSIE L PERKINS
164 W GOLDEN AVE
LOS ANGELES CA 90003

193024118151260766171K11

PROVIDER OF SERVICE

FOR EACH SERVICE REMOVE ONE OF THE LABELS AND ATTACH TO YOUR CLAIM.

*VERSIE L PERKI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0776*PDEON*46F8 *0776*PDEON*46F8

*VERSIE L PERKI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0776*PDEON*46F8 *0776*PDEON*46F8

*VERSIE L PERKI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0776*PDEON*46F8 *0776*PDEON*46F8

*VERSIE L PERKI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0776*PDEON*46F8 *0776*PDEON*46F8

MEDI-CAL BENEFICIARY YOU MUST PRESENT THIS CARD TO YOUR PROVIDER WHEN YOU SEEK MEDICAL ATTENTION

22-6-c

MEDI-CAL IDENTIFICATION CARD

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SSA#557720671 NO COPAY
VALID, JUNE 1976 LIABILITY

OTHER COVERAGE DOB 08-26-46 F

*19-30-2411815-1-26**0**53
VERSIE L PERKINS

C/O VERSIE L PERKINS
164 W GOLDEN AVE
LOS ANGELES CA 90003

193024118151260666141T11

PROVIDER OF SERVICE

FOR EACH SERVICE REMOVE ONE OF THE LABELS AND ATTACH TO YOUR CLAIM.

*VERSIE L PERI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0676*PDEON*46F8 *0676*PDEON*46F8

*VERSIE L PERI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0676*PDEON*46F8 *0676*PDEON*46F8

*VERSIE L PERI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0676*PDEON*46F8 *0676*PDEON*46F8

*VERSIE L PERI *VERSIE L PERKI
1930-2411815-126 1930-2411815-126
*0676*PDEON*46F8 *0676*PDEON*46F8

MEDI-CAL BENEFICIARY YOU MUST PRESENT THIS CARD TO YOUR PROVIDER WHEN YOU SEEK MEDICAL ATTENTION

22-6-d



STATE OF CALIFORNIA

SACRAMENTO

WARRANT NUMBER

21279586

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO.

FUND NAME

001 GENERAL FUND - TR & R

MO. DAY YR. 90-1342 1211

06 01 78

TO

R D & V M GODSHALK
APT 2B
1029 GEARY
SAN FRANCISCO CA 94109

555-07-4198

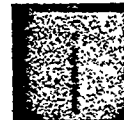
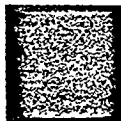
IDENTIFICATION NO.

DOLLARS	CENTS
*****25	66

FORM CDBS (2/75) CONTROLLERS WARRANT

⑆1211⑆⑆1342⑆ 212795865⑆

LL-6-R



Talk to Penny
about canceling
or continuing these
health insurance
plans which are
being deducted out
of peoples checks. U.S. & 1

RETIRED FROM PERS
NOTICE TO ENROLLEE -- HEALTH BENEFIT
INFORMATION RECORD OF CURRENT STATUS

GERNANDT, EUGENIA A . 1
STATE OF CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P.O. BOX 1953, Sacramento, CA 95809

AS OF 09/01/78

THIS IS A NOTICE OF YOUR CURRENT ENROLLMENT STATUS IN THE STATE MEYERS-GEDDES HEALTH BENEFITS PROGRAM AS SHOWN ON THE RECORDS OF THE HEALTH BENEFITS DIVISION. PLEASE REVIEW YOUR PLAN COVERAGE AND FAMILY MEMBER ENROLLMENT. TAKE NOTE OF ANY INFORMATION INDICATED IN THE "SPECIAL NOTICE" SECTION OF THIS FORM. PARTICULAR ACTION MAY BE REQUIRED BY YOU TO PROPERLY CONTINUE YOUR COVERAGE.

GERNANDT, EUGENIA A
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA

SSA	BIRTHDATE	MARRIED	SEX	STATUS	GROSS CODE PREMIUM	EMPLOYEE CONTRIBUTION
525-54-9038	03/12/23	NO	FEMALE	RETIRED	661	20.26
BASIC OR SUPPLEMENTAL PLAN					691	0.10
KAISER NORTH					BIRTHDATE	RELATIONSHIP
MAJOR MEDICAL PLAN						
CAL WEST/OCCIDENTAL						
PERSONS ENROLLED IN BASIC PLAN						

SPECIAL NOTICE

THE ANNUAL HEALTH BENEFITS OPEN ENROLLMENT PERIOD IS
SCHEDULED FOR SEPTEMBER 15 THRU OCTOBER 31 OF THIS YEAR.