

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER

403-07-9477 LM

Certificate of Award

DATE: 3/26/73



THIS IS TO CERTIFY THAT THE PERSON NAMED BELOW BECAME ENTITLED TO THE BENEFITS SHOWN BELOW WHICH ARE PAYABLE UNDER PART B OF TITLE IV OF THE FEDERAL COAL MINE HEALTH AND SAFETY ACT OF 1969, AS AMENDED.

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT	DATE OF ENTITLEMENT	MONTHLY BENEFIT	AMOUNT OF FIRST CHECK
Alvin Hall	10/72	\$242.20	
Box 62	01/73	\$254.70	\$1236.00
Ermine KY 41815	TYPE OF BENEFIT:	MINER'S	

Your basic monthly benefit, plus the increased amount based on the dependency of Mary is included in one check payable to you. You must report any event which affects the payment of these benefits.

Your monthly benefit amount has been increased because of a recent change in law which authorized a higher monthly rate of benefits payable under the Federal Coal Mine Health and Safety Act.

Your claim for benefits has been decided under the Black Lung Benefits Act of 1972, which amended Title IV of the Federal Coal Mine Health and Safety Act of 1969.

The right to receive Black Lung benefits carries with it certain responsibilities. They are explained in the enclosure. Read this enclosure 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.

NOTICE: If you believe that this determination is not correct, you may request that your case 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 any such request through your social security office. If additional evidence is available, you should submit it with your request.

Robert M. Ball

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

ADDITIONAL INFORMATION ABOUT YOUR CLAIM

An adjustment in benefits may be necessary if you receive payments under the workmen's compensation (including occupational disease), unemployment compensation, or disability insurance laws of your State, or if you are working and earning or expect to earn over **\$2,100** a year, or are performing substantial services as a self-employed person. Notify us immediately if any of these events occurs.

736 (BL-4)