April 5, 1961

Claim Department
The Aetna Insurance Company
151 William Street
New York 38, New York

Gentlemen:

JOHNS-MANVILLE INSULATION CONTRACTING
SUPPLY CO., INC.
FORMERLY ASBESTOS CONTRACTING COMPANY, INC.
NEW YORK STATE WORKMEN'S COMPENSATION
CASE NUMBER [redacted]

We are enclosing herewith a copy of the Employer's Notice of Disability Claim, Form WC-1, which has been prepared on behalf of the employee, Raymond J. Collins, Jr., [redacted], which has been completed by [redacted], Assistant Secretary, Collins, and his attending physician, [redacted].

It would be appreciated if you would process this claim for payment under the above captioned policy.

Very truly yours,

[redacted]
Insurance Manager

FJD:gjl
Enclosure

b.c.: E. B. Childs
R. A. Goldthwaite
File