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President's Letter

It is hard to believe that fall is already coming up. I hope you have all had an enjoyable summer. We even got in some "nanny work" with our grandson in New York. I am sure many of you are enjoying that privilege of grand parenting.

One of my high points this summer was meeting with Joe Laymon, Chevron VP for Human Resources and John Watson, Chevron's CEO. They were both very supportive of all Chevron retirees, but especially the Chevron Retirees Association. We enjoy a level of support from Chevron not available to our counterparts in other oil companies. We strive to make it a two-way street by supporting Chevron where feasible.



Mike Elgie, President

Normally, a group of CRA leadership meets with Chevron executives from the HR and PGPA (old Public Affairs) in the fall each year. In addition, the CRA president typically will meet with the HR Vice President. This year the HR group is in the throes of moving to Houston, with all the attendant problems that brings up. We elected to skip this year's meeting and will reconvene again next year. In the meantime, our Benefits Chair, Al Horan, is in regular contact with the HR folks regarding HR policies affecting retirees and a Chevron HR representative will attend our Annual Meeting in Philadelphia.

Since we were not meeting with HR, we looked at whether we should gather folks for a meeting with just PGPA. With the extensive ongoing work our Public Affairs Chair, Skip Rhodes, has going with PGPA regarding Humankind and Chevron Advocacy Network, we decided it would not be beneficial to bring people out for a more formal meeting. Again, we will reconvene that regular process next year.

Since we were not having these regular meetings with the HR and PGPA folks, I did not want to miss the opportunity to meet with Chevron executives to discuss CRA in general. Thus, as noted above, I met with Joe Laymon and John Watson. The Chevron Advocacy Network was a main topic.

Chevron Advocacy Network

Last year several retirees in Louisiana were able to help out with information relating to a lawsuit in the area. Chevron was very appreciative.

Earlier this year, there were local issues in Pennsylvania. Currently, Chevron is expecting some initiatives or legislation in California that could adversely affect the Company. A bill has been submitted to the California Senate that would mandate that Californians cut their fuel use by 50%. {Note: This fuel reduction part of the legislation was just recently removed by the legislature. The system does work.}

Because of issues like those above, and the many issues pushed by activists in areas around the country, when I asked John what area we at CRA could be of the most help, he promptly said, "The advocacy work." He was referring to the Chevron Advocacy Network (CAN), which was refreshed and restarted earlier this year.

This is an opportunity for CRA members to show Chevron that we can provide significant assistance to the company. The key is to sign up for CAN. If you were a member previously, you will need to sign up again because they need more information. In order to enable CAN to mobilize supporters for local issues, they will need your local contact information. This will allow them to focus on special issues for a particular location without needing to involve members in other areas. As John said, the activists are taking a guerilla approach to issues they are working to implement. We need to be able to respond as and where the issues arise.

In addition, there is a great deal of information that is provided to enable you to respond to incorrect information disseminated. One of the helpful approaches to helping us is the "Aunt Edna" column. CAN provides interesting and informative talking points on two or three current issues that you might hear about from your Aunt Edna during a family barbecue. The idea is to be armed with facts and specifics so that when Aunt Edna complains about "The Oil Companies" doing something she has heard about, you may be able to respond with information that may rebut her claims or at least get her to think more about what she has heard.

Please join me and many other CRA members in signing up for the Chevron Advocacy Network. Go to chevronadvocacynetwork.com and join. Help us show Chevron the full value of CRA and Chevron's retirees.

Walt Roessing Retires

Longtime Encore editor, Walt Roessing, has retired as of this summer. Walt served as editor for more years than we can remember. He bridged the time from when Chevron published the Encore to CRA taking over the publishing in 2000. Walt was editor at least as far back as 1993 and came with the Encore when it was transferred from Chevron.

Walt has reported on many changes in CRA over the years as CRA evolved with the times. Walt attended Annual Meetings from at least 1996 to 2014, missing only one year. He took untold photographs of new Chapter Presidents, CRA officers and Committee Chairs as well as interviewing many of them.

We wish Walt all the best in his retirement and thank him very much for his many years of service to CRA. Good luck, Walt!

What Is CRA National?

As a CRA member and then new chapter president, I must admit I had little knowledge of what went on beyond my local chapter luncheons and get-togethers. I guess I was vaguely aware that there was something out there, but it was pretty much off my radar.

Of course my first Annual Meeting was a steep learning curve and a very pleasant one. There are lots of dedicated people working for the benefit of all Chevron retirees. For those like myself back in the day, I thought perhaps a brief overview of what is out there beyond the chapters might be informative.

Firstly, the local chapter is definitely the core of CRA. They are the backbone of CRA. Each chapter is autonomous; however, to support the chapters there is a national organization:

Association Officers: President, Secretary and Treasurer. They do the tasks you normally associate with those posts.; supervising policy, keeping records straight handling the money. That is a simplification, but hits the main points.

Area Vice Presidents: CRA has 10 Areas around the US and Canada with an Area Vice President for each. In addition, we have an “area” called Global Affiliates also with an Area Vice President who covers all those parts of the US or overseas that do not have local chapters available to a retiree. Area Vice Presidents serve as a liaison between the National Organization and the local Chapter Presidents, assist in ensuring that communications from CRA National and Chevron gets to local chapters and in general supporting the Chapter Presidents in any way feasible.

Committees and Committee Chairs: CRA currently has 10 committees, 8 standing and 2 Ad Hoc. Each committee has a Chair and varying numbers of committee members. This is always a great place to get a feel for areas that might interest you. The Committees range from Benefits (likely the one many are aware of and extremely valuable), to Communications to Membership.

More Information: You can learn more about the various posts and about CRA by going to the CRA website: www.chevronretirees.org. From the menu bar across the top select About CRA and you can see all the committees, where the chapters are and who the officers are. If you select Officers and Chairs you will get a list. In the upper right hand corner you'll find an executive summary of each position. Take a look and find out more about what we do.

Wrap Up

Many of you will be reading this as we head into the Holiday Season. I wish you all the best for a safe and happy time. I look forward to a great 2016.

Best regards,

Mike

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The Ultimate Man Cave

You would miss it unless you knew it was there. But in a 5,000 square foot storage facility at an undisclosed location in suburban Houston, Chevron retiree John Prestwood has a classic car collection to die for! This collection of almost two dozen classic cars, neon, and more is a trip down Memory Lane.



John's passion for what we now classify as classic cars began when he was growing up during the 1950s. Detroit was king and he knew every make and model as well as what would be coming out in the fall. He loved working on them but couldn't afford the cars he admired. His first car, a "junker" in John's words, was a 1951 Ford Victoria.

John was on loan to Chevron Canada Resources from 1991-1996 when events fell in place for him to begin his car collection. While there, he met a former Ford dealer who had a similar passion for cars and a collection of his own. They became friends and a trust developed that led to the purchase of John's first four cars. Included in that first purchase was a replica of that 1951 Ford Victoria!

When John returned to Houston in 1996, a couple of the cars stayed behind pending shipment. One was a 1960 Pontiac Laurentian. If that model doesn't ring a bell with you, it is because it was the Canadian version of the Pontiac Catalina. John's Ford dealer friend asked if he would mind loaning the car to the production company filming a made-for-TV remake of "In Cold Blood" in Calgary. He never heard if the car was actually used. John rented the film and, sure enough, there was his Laurentian in one of the scenes!

Over the years, John's collection has grown as he found cars that interested him. Every car has a story, but some are more interesting than others:

- 1958 Oliver diesel tractor – Used at his brother-in-law's farm in Spring, Texas and refurbished when he passed away. The old farmhouse now sits next to John's storage facility, a relocation that had to be a labor of love.
- 1972 Mercury Cougar XR7 – The prized car of a lady who got too old to drive. Her family disconnected the ignition, but she loved to sit in it and pretend to drive. When she passed away, her wishes were to be cremated and buried at sea in her car! Her ashes were scattered at sea, but the family sold John the car.



1958 Oliver

Prestwood's collection includes a complete set of Lincoln Continental "Mark" cars. The oldest, which technically was not a Lincoln, is a 1956 Continental Mark II. Only 1,400 of these handmade cars were manufactured. They were very expensive, something only the wealthiest could afford (e.g. Elvis Presley, Frank Sinatra, the Shah of Iran). John says it is rumored that Ford dealers would throw in standard Ford for free with a Mark II purchase.



But wait, there is more! John also has a collection of 12 vintage jukeboxes. He first bought eight in an auction and has since added four more. He got some 45 rpm records with the initial purchase, but wanted more. In a six-month process, he purchased hundreds more on eBay. He has them organized alphabetically by artist. Elvis Presley has his own jukebox.

Topping off the collection are some classic barber chairs and lots of oil company memorabilia. John also has comic books featuring the “heroes of the past” (e.g. Roy Rogers, Lone Ranger). It is quite a site!

“Passion” is a word that came up frequently in our interview with John, but collecting is not his only passion. As anyone who has ever gotten his voicemail can attest, John is a “proud alumni” of the University of Houston. He graduated in 1967 with a mathematics degree with advanced courses in geophysics. He devotes a lot of his time and energy supporting UH and its programs.

Hanging predominantly over the entrance to Prestwood’s facility are two signs in UH red and white. The larger of the two says “John I. Prestwood Family” while the other has the slogan “Better days through better ways”. When asked about these signs, John volunteered that those were from his “pavilion” adjacent to old Robertson Stadium on the UH campus.



The back-story on the pavilion reveals the magnitude of John’s commitment. Before the new TDECU Stadium replaced Robertson Stadium, John and his family had a picnic pavilion next to the stadium. Constructed after UH football returned to campus from the Astrodome, the pavilion was home to a tailgate event for at risk children before each home football game. The purpose was to give these kids a college football game day experience. The Prestwood family provided all of the food, initially cooking hot dogs for sixty kids. The pavilion had to be torn down to make way for the new stadium. Today, under the auspices of “Be A Champion, Inc. Little Coogs”, a caterer serves food to about 2,000 on a game day out of a large tent!



John Prestwood

Collecting cars and giving back to his alma mater, such is the life of John Prestwood. We think you would agree it is an interesting retirement!

Benefits Corner *By Al Horan, Chair, CRA Benefits Committee*

Our Chevron Health Care Plans

Well, it's that time of year again – Open Enrollment for 2016 is just around the corner. Open Enrollment for Chevron's Medical and Dental Plans will take place between October 19 and October 30. The Open Enrollment packages will be mailed to eligible retirees between September 25 and October 2. If you feel that you are eligible to join a Chevron plan and you have not received your package by October 13, you should phone the Chevron HR Service Center at 1-888-825-5247. Their hours are 6 a.m. to 5 p.m. Pacific time (8 a.m. to 7 p.m. Central time), Monday through Friday.



Al Horan, Benefits

It's my understanding that we will probably only see minor changes in plan coverage. The premiums for 2016 will be a direct reflection of claims experience over the prior year. If anyone wishes to peek at the plan changes before they receive their package, they should visit the Chevron Retiree Benefits website (hr2.chevron.com/retiree).

As we draw closer to the commencement of Open Enrollment, the CRA Benefits Committee will be making available supplemental material to assist you in deciding which coverage to choose for 2016. However, don't forget, if you are satisfied with your current coverage, you need not take any action. Chevron will automatically enroll you and your eligible dependents in the same plan(s) for 2016. (Just a reminder, the Chevron Dental Plans are only available to Chevron legacy retirees. Non-Chevron legacy retirees are eligible to join a CRA Dental Plan.)

In deciding which plan to join for 2016, you may wish to consider the following: (a) the state of each participant's health, (b) the amount of medical care received over the last 12 months, (c) any anticipated medical care that is expected to be received in 2016, and (d) each participant's age since there is a greater chance of unexpected medical problems at advanced ages. In doing your review you may wish to consider that, to the extent you are eligible, Chevron's Medicare Plus Plan provides the maximum level of benefits for Medicare participants and Chevron's Option 1 Plan provides the maximum level of benefits for non-Medicare participants. (These two plans also have higher premiums than the other Chevron plan options.) Chevron mentioned that during Open Enrollment generally only a small percentage of participants change their coverage. If you decide that you are satisfied with your existing coverage you need not do anything. Just a word of caution...Any eligible non-Medicare retiree who considers enrolling in PPO Option 3 should remember that the high deductible applies to all medical costs, including prescription drugs. Lastly, if you haven't already done so we strongly encourage you to make arrangements with the Chevron HR Service Center to have your monthly premiums automatically deducted from your bank account.

For Chevron non-Medicare retirees, an Insurance Exchange is an alternative way of purchasing health insurance for themselves and their eligible dependents. If coverage is purchased through an Exchange, Chevron will not contribute towards the cost of the insurance. Also, they may not cover their eligible dependents under a Chevron Plan while they are covered by another health insurance plan. However, the retiree should be able to re-enroll in a Chevron Plan during a future Open Enrollment period. Finally, if the retiree should die while covered by a plan purchased through the Exchange, their dependents will not be able to rejoin a Chevron Plan. For information about the availability of health insurance through an Exchange, please phone the Health Insurance Marketplace. Their phone number is 1-800-318-2596 and they may be reached 24/7.

No matter if a Chevron plan is elected or coverage is purchased elsewhere, it is in everyone's best interest to be prudent in choosing medical care since our decisions have a direct impact on medical costs and our contributions/premiums. In part, rising medical costs can be attributed to an increase in demand for medical care while the supply side of the equation has not kept pace. Mark Engelbrecht, who is a Member of the CRA Benefits Committee, points out that:

- There is a shortage of doctors. The Association of American Medical Colleges (AAMC) predicts that by 2025 the U.S. will face a shortage of between 45,000 and 90,000 physicians, including shortages in primary care physicians and, especially, specialty care. There are many reasons for increased physician demand, including the escalating health care needs of a growing population of senior citizens and the full implementation of Healthcare Reform. There are also supply issues because more than 25% of doctors over the age of 60 are expected to retire in the next decade.
- There is also a shortage of nurses. According to the U.S. Department of Labor, Bureau of Labor Statistics, Registered Nurse (RN) is listed among the top occupations of job growth through 2022. Between job growth and replacement of retiring RNs, the total number of job openings to fill the gap will be 1.05 million by 2022.
- Foreign-trained doctors fill the gap. Today, about one in four physicians in the U.S. was trained abroad. For years, the U.S. has had industry-set limits on the number of U.S. medical school slots available. And even though they are well trained, immigrant doctors have a long and costly process to be able to practice in the U.S.
- We shouldn't look to Millennials for sympathy or more financial support. Millennials will be burdened with funding deficiencies in Social Security and the growing federal debt.
- Retiree medical costs will continue to rise. Many workers who have inadequate retirement savings will face the added burden of rising medical costs.
- We will see RN's, physician assistants, nurse practitioners, etc. play an ever-increasing role in the treatment and care of patients. It could get to a point where physicians will only see patients with complicated medical issues.

How are/can these problems being addressed?

- U.S. health care is now focusing more on prevention, which should impact health care demand.
- There are bills in Congress to increase doctor residency slots. Because doctor training can take up to a decade, a physician shortage in 2025 needs to be addressed now.
- Possibly ease the restrictions of foreign doctors to work in the U.S.
- We may see an increase in foreign travel for certain forms of medical treatment.
- We may see a greater use of telemedicine (e.g. Skype). A physician's office would be contacted through Skype or similar application and obtain a diagnosis and advice for treatment of a condition, including a prescription. Many states in the U.S. allow such telemedicine services, but some prohibit covering urgent care outside a medical facility.

As you can see from Mark's research, we will be facing rising medical costs for the foreseeable future. Economists predict that over the next decade medical costs will grow at an annual rate of 5.8%. In contrast, medical costs increased approximately 4.0% per annum between 2008 and 2013. The difference in annual growth represents a 45% jump in the rate of increase for the next 10 years. However, if we compare the aggregate compounded increase for the five year period between 2008 and 2013 to the projected aggregate compounded increase for the next five years, the results are startling (i.e. 22% vs 33%). Currently, health care accounts for roughly \$1 of every \$6 spent in the United States. (This is about double what is spent by other developed countries.) Unless there is a change in spending on health care, the ratio will change to \$1 of every \$5 spent by 2024. Economists

guesstimate that last year the nation spent \$3.1 trillion on health care. If we extrapolate this figure using an annual increase of 5.8%, the \$3.1 trillion becomes \$3.3 trillion. The difference in annual growth between a 4% increase and a 5.8% increase is roughly \$60 billion per annum. I find these numbers startling.

What can be done about this problem? I'm sure that by now you're saying to yourself, he's at it again. Unfortunately, rising medical costs are important to all of us since we are the ones who ultimately drive medical usage. Very simply, medical care is a commodity that is affected by supply and demand. Given the aging population of the U.S., the general state of our health, and the ever-increasing demand for expensive medical care, we're looking at a perfect storm. Anyone who feels that they're insulated from rising costs because they have insurance is only fooling himself/herself. Insurance companies pass the increased costs to the insured in the form of increased premiums and/or increased deductibles or coinsurance payments. There aren't any free lunches.

If we were all healthy, there would be little need to see a doctor other than for an annual wellness examination. However, this is not the real world. As we heard from Dr. Wiechers of United Healthcare we are all captains of our medical fate. Our lifestyles affect roughly 50% of our health. The other 50% is influenced by things such as genetics. Self-motivation is critical in determining whether we stay healthy or if we need to become healthy. As we are all aware, diet and exercise are two key components of good health. It behooves us to take control of our lives by maintaining a healthy diet and by exercising regularly. For helpful hints on maintaining or improving your health, please be sure to visit United Healthcare's website (www.myuhc.com) and take the Rally survey to get a measure of your overall health and helpful hints for improving your health.

Tips and Helpful Information

I would like to share with you the following tips and helpful information.

United Healthcare – Chevron Medical Plans: Am I Barred from Continuing to See a Health Provider Who is No Longer Part of UHC's PPO Network? Occasionally I am contacted by members asking for help with a letter they received from UHC advising that a medical provider will no longer be a Preferred Provider. The primary concern is that they will not be able to continue to use the medical provider. UHC sends a letter to everyone who was seen by the provider. They do not differentiate between Medicare and non-Medicare plan participants. However, the notices do not apply to anyone who is covered by Medicare. In the case of non-Medicare plan participants, they can continue to see the provider but the claim will be processed as an out of network provider by UHC. This should result in a larger co-payment by the participant.

United Healthcare – How Safe is Your Hospital? Some hospitals consider patient safety their top priority. They typically have strong medical teams that work together to reduce infection rates, prevent mistakes, and ensure strong lines of communications between the hospital staff, patients and families. Then, there are hospitals that have dysfunctional teams that can cause unsafe conditions for patients. Hospital errors result in:

- 440,000 patient deaths annually
- 1 out of 25 patients developing an infection
- Medicare patients having a 1 in 4 chance of experiencing an injury, harm or death

Sadly, most hospital errors can be prevented. To find out about the safety record of hospitals in the area where you live, please visit www.hospitalsafetyscore.org.

How Can Drug Costs Be Reduced? As we are aware the aging of America and advances in medicine are causing a rapid increase in medical costs, especially drug costs. Even if an individual has medical insurance, the rising costs are being passed along to the individual in the form of increased premiums. Here are some ideas for reducing drug costs:

- Ask your doctor: if a generic form of medication is available; if an over-the-counter alternative is available; for a free sample; or for a 14 day supply of a new drug while you are evaluating its effectiveness.
- Ask your pharmacist if your drug is on a deep-discount generics list.
- Ask your insurer if your drug is on their approved list. If it is not, ask your doctor to help with an appeal.

(Source for this information: Frank Lalli, the Health Care Detective)

Blood Pressure – How low should it be? Blood pressure medicine is prescribed to lower blood pressure to ward off heart attacks, strokes and deaths. There is a debate in the medical community about how low systolic pressure should be. In geriatrics the trend is to let it drift up but not above 150. The National Heart, Lung and Blood Institute suggest a systolic pressure below 150 for persons age 60 and older. The National Heart Association suggests that it be below 140. Still, there are doctors that believe that having a systolic pressure of 120 or less is associated with reduced cardiovascular mortality. Because of the inconsistencies, many doctors are in a quandary. Dr. J. Michael Gaziano, a Harvard medical professor, believes that in addition to blood pressure medicines, where appropriate, hypertensive patients should diet and exercise to boost the effects of the medications. The National Heart, Lung and Blood Institute has undertaken a study of 9,000 middle-age and older adults with high blood pressure. Half of the study group was randomly assigned to reduce their systolic pressure below 120 while the remaining participants were to reduce their systolic pressure below 140. The study, which is due to be completed in 2017, will measure heart attacks, strokes, kidney disease and the effects on the brain. Perhaps the results of the study will assist the medical community in better treating patients with hypertension. To read more about hypertension, please see the Dallas Morning News article (www.dallasnews.com/lifestyles/health-and-fitness/health/20150905-blood-pressure-how-low-to-go.ece).

Are Our Medications Dangerous? Last year more than 4 billion prescriptions were filled by U.S. pharmacies. Forty percent of Americans age 65 or older take more than five drugs. All too often doctors and patients overlook the side effects of taking multiple medications (prescription and non-prescription). Also pharmaceutical companies cannot always predict the effects. Drug interactions typically occur as the body metabolizes medicines. The most common trouble spots are the intestines and the liver. In the liver the task of breaking down drugs is performed by a family of enzymes. Six of approximately fifty enzymes digest ninety percent of all known medications. Problems can arise when two medications require processing by the same enzyme. The first drug may block the proper processing of the second drug. Also, everyone metabolizes drugs differently because of their genetic make-up.

Because of relatively short testing periods of new drugs by pharmaceuticals and the ever-increasing number of medicines, clinical trials generally do not reveal side effects of drug combinations. However, studies are underway using computer modeling and genetic testing. At this point, genetic testing, for the most part, is limited to a single medication (i.e. determine the rate of absorption). Also, the FDA is trying other ways of identifying potentially dangerous interactions and they are working to improve drug labeling. It is important that we inform each treating physician of all medications, supplements and recreational drugs (such as alcohol) that are consumed.

For more information, please refer to the article “Deadly Drug Combinations” in the October, 2015 issue of Scientific American.

Are There Beneficial Health Benefits from Eating Hot Peppers? Research has shown that capsaicin, the hot compound in peppers, lowers blood pressure, reduces the risk of cancer and fights inflammation. It also is an antioxidant and it has antibacterial activity. Finally, people who eat peppers generally live longer. To read more about the beneficial effects of eating hot peppers, please refer to The Dallas Morning News, Sunday, September 6, 2015, Healthy Living Section, “Some like it hot – and enjoy health benefits” or contact me for a copy of the article.

Which is More Beneficial, Walking or Using an Elliptical Machine? An elliptical machine is likely to burn more calories than walking. The Mayo Clinic estimates that in an hour a 160-pound person will burn 365 calories on an elliptical machine and 314 calories from walking. The elliptical machine puts less stress on joints, which can be useful to anyone who has achy or arthritic knees or hips. However, walking is better for hamstrings, calves and the small muscles around the ankles. These muscles are important for good balance, which reduces the risk of falling. To read more about the beneficial effects of walking and using an elliptical machine, please see the New York Times blog (well.blogs.nytimes.com/2015/08/07/walking-vs-elliptical-machine-redux).

Are Body Weight and Vision Related? It’s been documented that obesity can lead to diabetes and heart disease, but it can also have negative effects on vision. Being overweight can increase the risk of developing cataracts, glaucoma, age-related macular degeneration and diabetic retinopathy; and it can add pressure to the blood vessels in the eyes. In addition to maintaining proper weight, proper nutrition and exercise are also important for healthy vision. To read more about the importance of good health and the effect on vision, please see VSP’s Envision newsletter (www.vspenvisionnewsletter.com/2015/09/your-vision-and-body-weight).

Did women always live longer than men? Differences in life expectancy began to emerge in the late 1880’s. Men and women born before 1840 lived about the same length of time. Then, men born between 1880 and 1899 experienced a death rate 1.5 times greater than women for individuals between the ages of 50 and 70. Finally, the death rate for men increased to 2 times that of women for individuals born after 1899. Cardiovascular disease was the main cause of higher death rates among men. Heart disease and stroke accounted for 40 percent of the increase in male mortality rates for individuals born between 1880 and 1919. To read more about the difference in mortality rates, please see the Scientific American article (www.scientificamerican.com/article/when-did-women-start-to-outlive-men).

Updates and Reminders

In addition to the great health insurance plans and other plans (dental, vision, life insurance, long term care insurance and retirement benefits) that Chevron makes available to qualifying retirees, they also show their support and recognition of the retirees by making available discount and gift giving programs. Here are just some of the ways that Chevron shows its continued support:

Chevron Recreation Program: The program is a great source of discounts on various merchandise and services. The discounts that are available to retirees are very similar to the discounts that are available to employees. I find the program to be extremely valuable, especially when making major purchases (e.g. computers, television, etc.) I’ve saved hundreds of dollars thanks to Chevron. Similarly, other retirees also saved on major purchases like cars. However, the discounts aren’t restricted to major acquisitions. You can also find discounts on everyday items (e.g. clothing, etc.)

I would also like to update you on the progress of cell phone discounts as well as share with you information about other discounts.

- **Cell Phones:** The discount program with Verizon is going very well. Jim Bateman, who is a member of the CRA Benefits Committee, reports that many individuals made application for the discount. In addition to Verizon, Sprint also makes available a discount on cell phones. Bill Dodge, who is also a member of the CRA Benefits Committee, is actively working with Sprint on streamlining the application process so that ideally it will be similar to the process used by Verizon. While I would like to report good news about a similar discount with AT&T, unfortunately CRA and Chevron have not been able to make progress. Anyone who is waiting for the AT&T discount may wish to consider switching to Verizon or Sprint. For more information about the cell phone discounts, please visit the Chevron Recreation website's "Cell Phones" page (chevrec.mybigcommerce.com/categories/Cell-Phones).
- **Other Discounts:** As I mentioned, there are many other discounts waiting for you. The discounts include everyday items as well as memberships in national gyms. Bill Dodge is also working with Chevron in making additional discounts available. To see what's available, just visit the Chevron Recreation website (chevrec.mybigcommerce.com) and start exploring.

Chevron/Texaco Credit Card: Through the credit card Chevron makes available, retirees get a discount of 13¢ per gallon of gasoline. This great discount is the same amount that is offered to employees. In addition to being a savings for us, by purchasing Chevron/Texaco gasoline it's a great way of supporting the Company. To apply for this excellent perk, please visit the CRA website's "[Chevron Benefits](#)" page. If you have questions, please contact Skip Rhodes, CRA Public Affairs Chair (510-658-2129 or skip@skiprhodes.com).

Chevron Humankind: Chevron provides one-to-one matching for your eligible financial contributions up to \$3,000 per retiree per year. Grants are also available for qualified volunteer work. For more information about the program, please visit the CRA website's "[Chevron Humankind](#)" page. If you have any questions, please contact Skip Rhodes.

In addition to the marvelous benefits and support that are made available by Chevron, CRA also makes available the following benefits and support for our members:

CRA Discount Hearing Aid Program: CRA has worked with Hear In America to bring our members a Discount Hearing Aid Program. Through HIA, members have access to sizable discounts on state of the art hearing aids plus they have the support and guidance of HIA's staff. To learn more about hearing and hearing aids, please be sure to read the CRA/HIA pamphlet – "Hearing – Tips and Helpful Information." To access the pamphlet and to learn more about the program, please visit the CRA website's "[CRA Benefits](#)" page.

CRA Dental Program: CRA makes available a Dental Program that is primarily intended to make dental coverage available to our members who are retired from non-Chevron legacy companies (e.g. Texaco, etc.) The coverage is offered through MetLife. For more information about the program please visit the CRA Dental Program website (www.cradental.com).

CRA Auto & Home Insurance Program: CRA makes available discounted auto and home insurance through MetLife. For more information, please phone MetLife at 1-877-491-5089.

CRA Post-retirement Planning Resources: CRA has prepared the following documents as guides for our members and their families:

- **Advanced Care Planning Booklet:** This booklet offers information and assistance for our members and their families in addressing issues related to aging (e.g. identifying when an individual needs special assistance in caring for himself, types of special living arrangements that are available, etc.)
- **Personal Planning Worksheet:** This document helps our members organize their personal and financial records for their survivors. This worksheet is a must for all retirees and their spouses/partners.

Both these documents can be found on the CRA website's ["CRA Benefits" page](#).

CRA Benefits Committee: Our aim is to keep members informed about benefits and related issues, be an advocate for them, and assist them in resolving benefits issues. In resolving problems we work with the member, the benefits provider and, as necessary, Chevron. The Committee Members are: Jim Bateman, Linda Bulla, Bill Dodge, Mark Engelbrecht, Herb Farrington and Paul Murrell. They are either retired from or were affiliated with Chevron or a non-Chevron legacy company.

On The Horizon

Here are some additional resources that the CRA Benefits Committee is working on to bring added value to CRA membership.

- **CRA Benefits Committee Brochure:** Linda Bulla is preparing a booklet that will contain a summary of all the benefits, resources and contact information in one document. This should be a handy guide for CRA members in navigating and dealing with various benefits issues. It is our intent to make the document available through CRA's website.
- **Discount Program:** As I mentioned earlier, Bill Dodge is working with Chevron on identifying additional products and services that can be offered to CRA members. Stay tuned and watch for future notices in Encore and other communications.
- **Canadian Private Health Insurance:** Paul Murrell will be working with our CRA Canadian leadership team in finalizing arrangements to make available health insurance for widows who are generally at advanced ages. He will also be looking into the feasibility of making available Travel Health Insurance for our CRA Canadian members.
- **Estate Planning Guide:** I will be preparing a guide to assist our members in identifying and navigating the issues that they should consider and discuss with their attorney and estate planner. This document is intended to supplement the Personal Planning Worksheet.

As you can see from the above, Chevron is extremely supportive of the retirees and CRA. This can be demonstrated by the benefits programs and opportunities that are made available to retirees. Based on my experience, I can vouch for the fact that the quality of the programs and support we receive is world class. Chevron management has expressed to CRA that the Company values the retirees. They feel that the retirees can be of great assistance to Chevron by supporting them through the Chevron Advocacy Network. To learn about the Advocacy Network please visit the CRA website's ["Chevron Advocacy Network" page](#). If you haven't already signed up for the Advocacy Network, I encourage you to do so. If you have questions about the Advocacy Network, please contact Skip Rhodes.

Finally, in closing I would like to thank you for taking the time to read this column. I appreciate that it is much longer than usual. However, I wanted to bring together and summarize all the savings opportunities and programs that are made available by Chevron and CRA plus apprise you of what is happening in the medical community. Remember, if you know other retirees who are not already members of CRA, I wish to encourage you to let them know what we are doing for our members and invite them to join CRA.

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Encore In Memoriam: April-June 2015

As reported by Chevron during this period

Amoseas

Valenti, A John, Ret. 1995

Caltex

Azzara, Andrew J., Ret. 1988
Johnson, Raymond F., Ret. 1990
Messineo, Dora, Ret. 1980

Chevron

Albert, Judge, Ret. 1990
Allopenna, John S., Ret. 1980
Anderson, Billy L., Ret. 1995
Anderson, John A., Ret. 1980
Baldwin, James P., Ret. 1984
Barrett, Coy V., Ret. 1999
Batchelder, William E., Ret. 1986
Berry, W E, Ret. 1983
Biancardino, Mamie F., Ret. 1986
Brown, Glen A., Ret. 1992
Buetzow, R G, Ret. 1981
Buffett, S M, Ret. 1986
Carns, Richard A., Ret. 2005
Christie, Effie, Ret. 2004
Conaway, Doy E., Ret. 1985
Couch, Raymond A., Ret. 2011
Craddock, Sheldon F., Ret. 1983
Dalton, R L, Ret. 1984
Deckert, B C, Ret. 1981
Dockery, James E., Ret. 1993
Dore, Edwin B., Ret. 1981
Evans, Billy Z., Ret. 1982

Finch, Karey C., Ret. 1985
Force, H R, Ret. 1987
Foster, Herbert L., Ret. 1976
Frack, Larry P., Ret. 1992
Frank, Norman R., Ret. 1984
Fuller, Howard K., Ret. 1992
Fuller, Lorretta M., Ret. 2000
Garibaldi, Richard A., Ret. 2000
Gill, Joseph C., Ret. 1984
Gines, R C, Ret. 1983
Greenlee, T A, Ret. 1990
Haas, Robert A., Ret. 1986
Halford, R L, Ret. 1985
Harden, Ernest K., Ret. 1974
Harmon, Michael L., Ret. 1999
Harris, Field E., Ret. 1971
Hartman, Dudley M., Ret. 1986
Hershberger, Fred W., Ret. 1987
Hise, Everett J., Ret. 1999
Ho, Jun Y., Ret. 1999
Huberty, James O., Ret. 1982
Hudgins, James V., Ret. 1995
Hudson, Aubrey E., Ret. 1977
Hull, G L, Ret. 1992
Jaentsch, Richard A., Ret. 1990
Johnson, Sadie M., Ret. 2004
Kalabolas, Sam G., Ret. 1986
Kerr, Delamar, Ret. 1982
Kidd, Charles J., Ret. 1992
Kluth, Charles F., Ret. 2002
Kodama, Jiro K., Ret. 1990

Kolius, J P, Ret. 1986
Lance, Ronald P., Ret. 1992
Lattoz, Stanley F., Ret. 1992
Lilly, John L., Ret. 1986
Lindley, D J, Ret. 1985
Locke, Mack D., Ret. 1986
Lorz, Donald O., Ret. 1992
Maciorowski, William A., Ret. 1986
Mahan, Robert L., Ret. 1992
Melancon, Gary A., Ret. 2012
Moore, James O., Ret. 1979
Mulroy, Ernest W., Ret. 1980
Nelson, Jack L., Ret. 1983
Nowicki, M L, Ret. 1986
Nubarian, Rosa, Ret. 1991
Osborne, Richard P., Ret. 1994
Owens, Hal R., Ret. 1985
Paravecchio, John A., Ret. 1990
Partin, Jason H., Ret. 2009
Patty, Frank A., Ret. 1995
Peterson, Dallas M., Ret. 1977
Phillips, Harry A., Ret. 1999
Phillips, Wendell, Ret. 1981
Pino, Maunel A., Ret. 1968
Powlesland, Kenneth L., Ret. 1980
Queen, Robert M., Ret. 1977
Quinlan, Robert V., Ret. 1992
Quisenberry, Benson F., Ret. 1978
Rambeau, Pedro J., Ret. 1989
Randolph, Robert G., Ret. 1978
Reik, Barry A., Ret. 2013

Richards, Robert B., Ret. 1986
Riley, Billy R., Ret. 1997
Roberts, C L, Ret. 1997
Rofkahr, Ronald E., Ret. 2004
Russell, Roy D., Ret. 1980
Sawyer, Linda S., Ret. 2012
Schoelen, Paul F., Ret. 1986
Scott, Gary D., Ret. 1999
Shambaugh, John K., Ret. 1991
Shanebrook, Allen L., Ret. 1990
Sims, Ozzie, Ret. 2004
Smith, Donald L., Ret. 1992
Smith, Garnett I., Ret. 1992
Smith, R M, Ret. 2004
Starke, G W, Ret. 1980
Stone, Margaret L., Ret. 2004
Streeter, S Stephen., Ret. 2002
Swinderman, Jerry E., Ret. 1986
Taggart, J G, Ret. 1985
Terrazas, Rosa, Ret. 2011
Tognetti, Ezio R., Ret. 1984
Troia, Anthony E., Ret. 1972
Troy, Stephanie, Ret. 1986
Varela, Manuel N., Ret. 2000
Vickery, Ortha A., Ret. 2004
Wardle, Donnell E., Ret. 1985
Wates, Bobby A., Ret. 1994
Watkins, Homer L., Ret. 1994
Whitehead, Roland, Ret. 1994
Wilson, Harold J., Ret. 1979
Wiseman, Robert R., Ret. 1997
Woodhouse, Charlene P., Ret. 1984
Workman, Lovell D., Ret. 2008
Workman, Russell L., Ret. 1987
Young, Robert C., Ret. 1986
Ziarten, Richard N., Ret. 1991

Getty

Candelaria, Louis C., Ret. 2004
Carey, John R., Ret. 1998
Cotton, Clyde B., Ret. 1984
Fowler, Everett C., Ret. 1985
Foyil, Sharlyn D., Ret. 2002
Guilliams, Donnie R., Ret. 1999
Hallam, Curtis T., Ret. 1977
Hayes, James W., Ret. 2013
Hill, Wallace C., Ret. 1996
Hoffman, Everett D., Ret. 1973
Kelty, Francis J., Ret. 1988
Logue, Jessie L., Ret. 1999
Marshall, Garland O., Ret. 1994
McCoy, Jack D., Ret. 1985
McGraw, James J., Ret. 1994
Minton, Dwight M., Ret. 1985
Morris, Ray M., Ret. 1977
Mueller, Vastine, Ret. 1987
Neufeld, Peggy J., Ret. 1988
Penney, Doyce A., Ret. 1989
Phillips, Auther B., Ret. 1984
Pierce, John E., Ret. 1987
Pooler, Van E., Ret. 2004
Pratt, Wayne E., Ret. 1983
Rigdon, David K., Ret. 2003
Sailors, Janice L., Ret. 1985
Sawyer, John R., Ret. 1986
Schneeman, Katherine M., Ret. 1983
Shimshy, Norma J., Ret. 1987
Smith, Howard F., Ret. 1989
Southernland, Odus, Ret. 1986

Tidwell, Clyde, Ret. 1990
Tighe, James J., Ret. 1989
Timon, Patrick J., Ret. 1984
Triplett, Roosevelt, Ret. 1994
Wagner, Anita D., Ret. 1984
Westfield, Erich R., Ret. 1985
Wheeler, Melvin E., Ret. 1994
Williams, Bryan L., Ret. 1994
Williams, Eldred L., Ret. 1990
Yadon, Bud L., Ret. 1993

Gulf

Alter, Frank E., Ret. 1984
Amarine, Mattie W., Ret. 1982
Ashworth, John E., Ret. 1986
Bacon, Leo, Ret. 1985
Barden, David R., Ret. 1981
Bauer, Phillip J., Ret. 1994
Blair, Daniel M., Ret. 1985
Blakemore, Bobby R., Ret. 1986
Blanchard, George G., Ret. 1979
Blom, Gilbert W., Ret. 1992
Blount, William E., Ret. 1983
Bohling, Robert L., Ret. 1986
Boles, Bates, Ret. 1983
Borowski, Grace G., Ret. 1983
Bunner, Barrie S., Ret. 1994
Byers, Robert E., Ret. 1983
Candler, Charles A., Ret. 1983
Carpenter, Julian W., Ret. 1986
Carroll, Bobby C., Ret. 1991
Castro, Lynda L., Ret. 1993
Cericola, Oswald R., Ret. 1985
Cowsill, William L., Ret. 1981
Cumming, James E., Ret. 1983
Cunningham, Edith D., Ret. 1986
Deich, Robert V., Ret. 1990
Duet, Philip A., Ret. 1998
Dunn, Frederic R., Ret. 1986
Fehrmann, Zane H., Ret. 1983
Fernandez, Amparo, Ret. 1984
Fiore, Pasquale, Ret. 1983
Fullilove, Clyde L., Ret. 1983
Gardner, Larry L., Ret. 1985
Giles, William J., Ret. 1981
Gleason, George W., Ret. 1980
Goodwin, Robert J., Ret. 1983
Gouthier, Nolan J., Ret. 1986
Graham, Acy, Ret. 1976
Guenther, James, Ret. 1982
Guidry, Cleveland T., Ret. 1986
Hall, Clifford C., Ret. 1986
Harmon, Hoyt H., Ret. 1985
Hartwig, Maxine C., Ret. 1986
Hedenburg, John F., Ret. 1983
Hickman, Leroy B., Ret. 1982
Hill, Paul B., Ret. 1984
Hudson, Ann F., Ret. 1985
Joseph, Eddie, Ret. 1989
Kelley, Bob M., Ret. 1983
Kramer, A B., Ret. 1973
Latiolais, Davis, Ret. 1982
Leary, Willie G., Ret. 1983
Lessig, Donald P., Ret. 1983
Lineberger, June, Ret. 1985
Maloney, Solomon, Ret. 1976
Mann, Eugene D., Ret. 1986
Marshall, James H., Ret. 1983
Martin, Frank H., Ret. 1985

McLellan, Leah V., Ret. 1999
Merkley, Nyle G., Ret. 1999
Meyer, Sonia, Ret. 1983
Meyer, Victor F., Ret. 1982
Miller, John, Ret. 1984
Morrison, Odie L., Ret. 1982
Mouton, Marcel J., Ret. 1985
Nance, Donald L., Ret. 1991
Newman, James R., Ret. 1985
O'Donnell, Eugene L., Ret. 1986
Oglesby, Harry R., Ret. 1981
Orzechowski, Anna S., Ret. 1983
Ouderkirck, Betty Q., Ret. 1986
Padula, Arsenio M., Ret. 1986
Parker, Joseph, Ret. 1986
Patterson, William H., Ret. 1973
Person, Virgil P., Ret. 1992
Petry, Boyd L., Ret. 1999
Phillips, Glenwood, Ret. 1979
Platts, John W., Ret. 1986
Rafferty, John W., Ret. 1986
Reynolds, Bobby G., Ret. 1986
Reynolds, Denny, Ret. 1982
Robbins, Robert E., Ret. 1991
Rotto, Cecil E., Ret. 1986
Russ, Raymond E., Ret. 1999
Samford, Thomas L., Ret. 1983
Schnelzer, Horace J., Ret. 1985
Seamon, Marion H., Ret. 1982
Sheppard, Glenn E., Ret. 2001
Smith, Albert B., Ret. 1986
Smith, Edwin E., Ret. 1985
Stauffer, Harry C., Ret. 1982
Stephens, Martin E., Ret. 1989
Stevens, Hayward E., Ret. 1986
Stibora, Joseph J., Ret. 1983
Tamplin, Weldon W., Ret. 1985
Tinney, Paul D., Ret. 1983
Vernon, Henry J., Ret. 1979
Vornkahl, Henry L., Ret. 1983
Walsh, James V., Ret. 1981
Yohe, George B., Ret. 1979

MolyCorp

Miller, Charles W., Ret. 1992
Tafoya, Joseph G., Ret. 2009

Plexco

(No deaths reported)

Tenneco

Lopez, Robert L., Ret. 2000

Texaco

Abshire, Wilfred P., Ret. 1981
Allen, Wilburn L., Ret. 1981
Amy, Adam W., Ret. 1994
Anders, Herbert H., Ret. 1984
Anderson, Wilbert L., Ret. 1984
Atwater, James R., Ret. 1999
Aucoin, B M., Ret. 1981
Austin, Lloyd G., Ret. 1991
Baker, Harold D., Ret. 1982
Barras, Wade F., Ret. 2000
Beghtol, Carter V., Ret. 1991
Begley, Robert D., Ret. 1982
Benavides, Ismael G., Ret. 2002
Bentley, Harold D., Ret. 1995
Boudreaux, Joseph E., Ret. 1983
Bourg, George J., Ret. 1982
Bowman, William B., Ret. 1981
Boyle, Cecil L., Ret. 1985
Brannon, Thomas E., Ret. 1989
Buono, John, Ret. 1998
Burge, Paul D., Ret. 1994
Caillouet, Richard D., Ret. 1989
Cambre, Robert J., Ret. 1989
Cates, Albert A., Ret. 1982
Chapman, Alton S., Ret. 1985
Chesher, George W., Ret. 1981
Coleman, Clifford D., Ret. 1988
Columber, Robert S., Ret. 1988
Connell, Joseph H., Ret. 1984
Cooper, Joseph O., Ret. 1974
Cox, Bonnie W., Ret. 2002
Dalmolin, Joseph, Ret. 1986
Dotts, William H., Ret. 1983
Draper, Jakie P., Ret. 1983
Dunham, R E., Ret. 1985
Dunn, Joyce, Ret. 1980
Eckroade, William M., Ret. 1993
Eldridge, Tasey J., Ret. 1994
Ellwood, William Robert., Ret. 1994
Fellers, Charles E., Ret. 1995
Fontenot, Perry L., Ret. 1990
Fraissinet, Robert L., Ret. 1987
Franklin, Raymond B., Ret. 1986
Fussell, Nay, Ret. 1982
Gardner, Willard S., Ret. 1986
Garnier, Alvis R., Ret. 1975
Gates, Jack L., Ret. 1982
George, Ralph J., Ret. 1984
Gilmore, Selwyn P., Ret. 1985
Gissler, Leonard E., Ret. 1978
Gomez, Lester J., Ret. 1981
Gossett, Edgar F., Ret. 1979
Gunsiorowski, Leon F., Ret. 1993
Hamlin, Richard C., Ret. 1998
Hanchett, Warren, Ret. 1989
Henry, Charles D., Ret. 1995
Hetzell, Frank H., Ret. 1989
Hileman, Robert E., Ret. 1991
Hill, Pinkie R., Ret. 1994
Holstead, Cecil W., Ret. 1982
Ikeler, Ronnie Dee., Ret. 1999
Johns, Kenneth, Ret. 2015
Johnson, James W., Ret. 1982
Johnson, William E., Ret. 1986
Johnston, C E., Ret. 1982
Joyce, Francis L., Ret. 1982
Katial, Romi, Ret. 2002
Kirkwood, Jessie C., Ret. 1997

Klar, Robert J., Ret. 1984
Krahn, Emily E., Ret. 1982
Lanaghan, Randall, Ret. 1982
Little, Glen E., Ret. 1985
Long, Jesse H., Ret. 1982
Lundgren, Virgil D., Ret. 1983
Lynd, Arthur C., Ret. 1984
Maderson, John E., Ret. 1986
Manceaux, Minos E., Ret. 1989
Marcel, Allen J., Ret. 1990
Mayen, Kenneth H., Ret. 1996
McCay, Robert C., Ret. 1986
McInnis, Mozelle N., Ret. 1985
Miller, Martin E., Ret. 1983
Mizell, Bethel M., Ret. 1977
Myers, Joyce E., Ret. 1994
Newcost, Joseph W., Ret. 1989
Nix, Daniel P., Ret. 1982
Nunez, Warner J., Ret. 1981
Nunnally, Julian J., Ret. 1989
Ogara, William J., Ret. 1988
Oleksy, Emil, Ret. 1982
Ostrum, Wilbur G., Ret. 1982
Outler, Dean, Ret. 1984
Overturf, Clarence L., Ret. 1986
Perkins, E, Ret. 2015
Picard, Glenn R., Ret. 1988
Powell, Leslie R., Ret. 1989
Quebedeaux, John N., Ret. 1989
Raquet, Gerald K., Ret. 1990
Redmond, Bert J., Ret. 1981
Renoudet, James N., Ret. 1994
Ruggiero, Barbara K., Ret. 1989
Ruiz, Burleigh J., Ret. 1987
Rupp, Harvey C., Ret. 1981
Scott, James M., Ret. 1979
Seibert, Wendell, Ret. 1993
Skala, Marlene E., Ret. 1989
Smith, Allen, Ret. 1986
Smith, Dorothy J., Ret. 1989
Smith, Harold B., Ret. 1982
Smith, Kenneth W., Ret. 1980
Smith, Malcolm E., Ret. 1989
Smith, Merrill, Ret. 1982
Spikes, Kenneth L., Ret. 1989
Sudol, Stephanie A., Ret. 1985
Sweetman, Sandra J., Ret. 1989
Taverner, Melvin T., Ret. 1983
Tomplait, Jack D., Ret. 1982
Turner, Jessie L., Ret. 1982
Turner, William H., Ret. 2013
Warden, John H., Ret. 1981
Weber, Judith G., Ret. 2004
Webster, Charles E., Ret. 1987
West, Glenn C., Ret. 1998
Wiedemann, James E., Ret. 1994
Williams, Doreen M., Ret. 1995
Windle, Robert L., Ret. 1994
Wisdom, Kenneth B., Ret. 1994
Wood, Paul C., Ret. 1985
Yates, Charles, Ret. 1986

Unocal

Acosta, Arnold P., Ret. 1990
Anderson, Robert T., Ret. 1992
Beier, Donald D., Ret. 1992
Bider, Shirley M., Ret. 1985
Bright, Steven M., Ret. 1987
Childers, Earl D., Ret. 1985
Collins, Daniel G., Ret. 1979
Cooper, Dale C., Ret. 1984
Dimonde, Sylvester B., Ret. 1989
Dubois, Melvin L., Ret. 1999
Elliott, Jarrell, Ret. 1992
English, Edward R., Ret. 1979
Ennis, Richard J., Ret. 1979
Epperson, Milton E., Ret. 1986
Farnady, Lawrence M., Ret. 1998
Flint, Duane L., Ret. 1990
Forrester, James K., Ret. 1981
Foster, James P., Ret. 1978
Garrett, Melvin L., Ret. 1977
Gifford Jr, Charles S., Ret. 1972
Glynn, Donald J., Ret. 1992
Grabo, Harry J., Ret. 1982
Green, Richard T., Ret. 1989
Hess, Donald J., Ret. 1986
Hines, Lewis J., Ret. 1982
Jencks, Nancy F., Ret. 1993
Keller, Leroy R., Ret. 1981
King, Donald G., Ret. 1985
Knoll, Robert W., Ret. 1981
Lewis, Leland W., Ret. 1972
Marcum, Virgil L., Ret. 1984
Maxfield, Garland A., Ret. 1979
McGill, Jack, Ret. 1959
Miller, Harold D., Ret. 1997
Morrison, Evelyn V., Ret. 1977
Mulliken, Beverly B., Ret. 1985
Natino, Eugenio M., Ret. 1994
Nimciv, Ludmyla, Ret. 1987
O'Dell, Elaine J., Ret. 2009
Oliva, Lawrence J., Ret. 2005
Olivier, Kenneth L., Ret. 1990
Penners, Thomas J., Ret. 1989
Pesheck, John R., Ret. 1986
Powers, Darrell W., Ret. 1992
Puch, Nina G., Ret. 1989
Ramey Jr, William D., Ret. 1964
Ray, William G., Ret. 1998
Rodaer, Elli H., Ret. 1980
Rossiter, John S., Ret. 1992
Shirah, Leonard W., Ret. 1992
Simpson, James D., Ret. 1997
Sponsler, Bill R., Ret. 1992
Stacy, Ethel J., Ret. 1969
Stewart, Harry O., Ret. 1969
Strench, Mae R., Ret. 1980
Taylor, Etha M., Ret. 1986
Verrett, Arthur V., Ret. 1985
Wellborn, Ruth E., Ret. 1992
White, Robert L., Ret. 1989