

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In Re Kmart Corporation, et al.

Case Numbers 02-02462 through
02-02499

Name of Debtor (See attached for complete list of debtors)

K-MART Corporation

Case Number:

02-02474

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

HELTON, BARBARA
2785 M66
EAST JORDAN, MI 49727

08 3376766

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

PROOF OF CLAIM

Chapter 11

Your claim is scheduled as follows:

Class

NOT SCHEDULED

Amount

NOT SCHEDULED

11655674

This Space is for Court Use
Only

If address differs from above, please complete the following:

Creditor Name:

Address:

City/St/Zip:

Telephone: #

231-536-7256

Account or other number by which creditor identifies debtor:

EMPLOYEE Pension Plan # 38-0729500-001

Check here if
this claim☐ replaces☐ amends

a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

- ☒ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)

Your SS #:

Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred:

See Attached

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Barbara E Helton BARBARA E. HELTON

This Space for Court Use Only
TRUMBULL SERVICES
BANKRUPTCY

2002 APR -9 AM 11:09

2914
4/9/02

Social Security Administration

Potential Private Pension Benefit Information

BARBARA E HELTON
2785 M 66 NORTH
EAST JORDAN MI

49727

Social Security Number

377-36-3607

Name

B. E. HELTON

We are writing to tell you that you, or the worker whose Social Security number appears at the top of this form, MAY be entitled to some private pension benefits upon retirement. Also, your family, or the worker's family, may be entitled to retirement or survivor benefits.

These Are Not Social Security Benefits

These potential benefits are NOT Social Security benefits and we do not make any decisions about the payment of these benefits. The following provides some basic information about these private pension benefits.

Information About Pension Benefits

You have, or the worker has, earned pension rights although no longer employed in a job covered by the pension plan. These are called "deferred vested benefits." Private pension plan administrators must provide information about such benefits to us through the Internal Revenue Service. We provide this information about the pension plan when the individual asks for it or when a claim is filed for Social Security benefits.

If You Want to Apply for These Benefits

If you want to apply for these pension benefits or have any questions, you should contact the pension Plan Administrator shown below. Include the 9 digit identification number shown below and a copy of this notice when you write to the Plan Administrator.

Plan Name K MART CORPORATION EMPLOYEE PENSION PLAN	Plan Number 38-0729500-001	
Plan Administrator and Address K MART CORP 3100 W BIG BEAVER RD TROY MI 48084-0000	Identification Number 38-0729500	
	Year Reported 1997	Estimated Amount \$59.97
	Type of Annuity C	Payment Frequency E
	Units or Shares	Value of Account

IMPORTANT: This is all the information we have. See the other side of this page for an explanation of this information

For SSA Use Only: 98-026-09-019

2000319

KMART RETIREMENT SERVICE CENTER

July 8, 1997

BARBARA E HELTON
2785 M66
EAST JORDAN MI 49727

RE: Kmart Corporation Employee
Pension Plan
S.S.#377-36-3607

Dear Mrs. Helton.

At the time of your termination of employment on June 5, 1997, you had met the requirements for a vested pension from the Kmart Corporation Employee Pension Plan. Because the actuarial present value of your monthly benefit exceeds \$3,500.00, you are not eligible for a lump sum payment at this time. Your pension is payable to you as a monthly benefit only.

The amount of your pension payable on December 1, 2003, your Normal Retirement Date, is \$ 59.97 per month. This amount is based on a Life Income form of payment and a birth date of December 1, 1938. You must verify your birthdate when you retire.

The benefit amount stated above was calculated based on data shown on Kmart records; this data will be reviewed prior to actual benefit commencement. If this information is not in compliance with Plan provisions and your benefit amount has been incorrectly stated, the benefit amount you are actually entitled to under the Plan, if any, will be payable.

If you wish to receive your pension before your Normal Retirement Date, you may apply at any time. The amount of your pension will be reduced if payments begin before your Normal Retirement Date or if you elect a form of payment other than Life Income. Your pension will also be reduced for any pre-retirement survivor coverage. The reduction is based on your age at the time you retire, the form of payment you elect and how many months the pre-retirement survivor coverage was in effect.

NORMAL FORM OF PAYMENT

Unless you elect an optional form of payment, your pension will be paid as follows:

If you are **single, widowed, divorced or married for less than one year** as of your retirement date, your pension will be paid to you under the **Life Income** form of payment. Your pension will be paid for your lifetime and will end when you die.

NORMAL FORM OF PAYMENT (continued)

If you are married for at least one year as of your retirement date, your pension will be paid under the **50% Joint and Survivor** form of payment. You will receive a reduced pension for as long as you live. When you die, your surviving spouse will receive 50% of your pension. The survivor pension will be paid for your spouse's lifetime and will end when he/she dies.

With your spouse's written consent, you may elect to receive your pension under the Life Income form of payment instead of the 50% Joint and Survivor form of payment. To do this, you must advise us in writing at least 7 days, but no more than 90 days, before your retirement date.

OPTIONAL FORMS OF PAYMENT

Instead of the Normal Form of Payment (Life Income or 50% Joint and Survivor form of payment), you may elect any of the following optional forms of payment. Your election must be made in writing at least six (6) months before your retirement date. If you are married, your spouse must consent in writing to your election.

- A **100% Joint and Survivor**. (Available only for married participants).
- A **Social Security Leveling Option**. (Available only for early retirement. The six (6) month waiting period must be completed before you reach age 62).
- A **10 Year Certain & Life Option**.

Each of these optional forms of payment are fully explained in the Summary Plan Description. Further information and the amounts payable under each optional form of payment may be requested by writing to the Kmart Retirement Service Center, 3270 West Big Beaver Road Suite 425, Troy, MI 48084-2901.

HOW TO BEGIN YOUR PENSION

Please write to the Kmart Retirement Service Center at least three months before you wish your pension to begin. All requests for information must include your name, address, telephone number, Social Security number, marital status and requested retirement date. If you are married, please also include your spouse's birth date.

Your pension records will be kept at the Kmart Retirement Service Center. It is very important that you notify this office if your name or address changes.

Sincerely,



Don Morford
Director - Employee Benefits

KMART RETIREMENT SERVICE CENTER

July 8, 1997

BARBARA E HELTON
2785 M66
EAST JORDAN MI 49727

RE: Kmart Corporation Employee
Pension Plan
S.S.#377-36-3607

Dear Mrs. Helton:

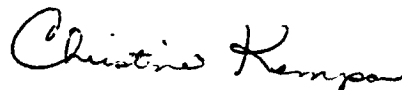
We have received your request for information on your vested pension benefit under the Kmart Corporation Employee Pension Plan regarding a lump sum payment of the benefit.

Under the provisions of the Plan, an accrued pension benefit will be paid in a single lump sum if the present value of that benefit is less than \$3,500.00. We have calculated the present value of your benefit and have determined that the value of your benefit is greater than \$3,500.00. Therefore, you are not eligible for a lump sum payment.

We are enclosing a copy of your terminated vested letter which provides the amount of your monthly pension benefit payable at age 65 and some additional information regarding the provisions of the Plan.

If you have any further questions, please write to this office or call tollfree 1-800-33KMART.

Sincerely,



Christine Kempa
Pension Representative

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