

2021 ARCELORMITTAL USA VEBA RETIREE HEALTHCARE ELECTION FORM

Please complete and return no later than December 1, 2020

MEMBER INFORMATION

NAME: _____ PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
MONTH DAY YEAR

ENROLLED IN MEDICARE?: YES NO MEDICARE ID # _____

I elect to enroll in the ArcelorMittal Retiree Healthcare program effective 1/1/21. I understand that I will not qualify for the Medicare Part B Reimbursement from 1/1/21 – 12/31/21, but that I may change my election for the calendar year 2020. **(Check the box for the plan you choose below)**

- I wish to enroll in the Premier plan (formerly Plan A) – which is \$90 per month for both Medical and Rx Benefits for January 1, 2021
- I wish to enroll in the Plus plan (formerly Plan B) – which is \$40 per month for both Medical and Rx Benefits for January 1, 2021
- I wish to enroll in the Standard plan (formerly Plan C) – which is \$10 per month for both Medical and Rx Benefits for January 1, 2021

I do NOT elect to enroll in any MAPD plans for January 1, 2021 and would like to remain eligible for the Medicare Part B Reimbursement for 2021. I acknowledge that I cannot change this election until January 1, 2022.

YOU MUST CHECK ONE OF THE BOXES ABOVE

1. I have received, read, and understood the information explaining the ArcelorMittal VEBA options.
2. I request membership in the plan that I have elected on this form for which I am eligible.
3. I understand that if I enroll in the ArcelorMittal USA VEBA by signing this form, I make a binding election concerning my plan and that I will not be able to change my election until 1/1/22.
4. **I understand that if I do not return this election form by December 1, 2021, I will NOT be enrolled in the Aetna MAPD Plan with Prescription drugs, but will qualify for the Medicare Part B Reimbursement Benefit.**
5. I also understand that I will have another opportunity in the Fall of 2021 to make an additional selection into either Retiree Healthcare or the Medicare Part B Reimbursement which would be effective January 1, 2022.

Member Signature (Required)	Date

**Return Address: ArcelorMittal USA VEBA
Retiree Benefit Selection
4853 Galaxy Parkway, Suite K
Cleveland, OH 44128
Toll Free: (877) 474-8322**

See Reverse for Spousal Information

**2021 ARCELORMITTAL USA VEBA RETIREE HEALTHCARE ELECTION
FORM Please complete and return no later than December 1, 2020**

SPOUSE INFORMATION

NAME: _____ PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
MONTH DAY YEAR

ENROLLED IN MEDICARE?: YES NO MEDICARE ID # _____

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Spouse Signature (Required)	Date

**Return Address: ArcelorMittal USA VEBA
Retiree Benefit Selection
4853 Galaxy Parkway, Suite K
Cleveland, OH 44128
Toll Free: (877) 474-8322**