

# Cleveland-Cliffs Steel LLC VEBA

## 2023 Medicare Part B Premium Reimbursement

Return to:  
CLEVELAND-CLIFFS STEEL LLC VEBA  
P.O. Box 39430  
Cleveland, OH 44139

### BENEFIT APPLICATION FORM

- |                      |  |
|----------------------|--|
| <b>Instructions:</b> | 1. Complete and sign this Benefit Application Form   |
|                      | 2. Attach a copy of your Medicare Health Insurance Identification Card, if required.         |
|                      | 3. Mail Application to the VEBA, postmarked no later than <b>Tuesday, September 5, 2023.</b> |
|                      | 4. <b>Select Payment Option at the bottom of this form</b>                                   |

#### **RETIREE APPLICATION (Complete this Section if you are a Retiree or the Surviving Spouse of a deceased Retiree)**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET or P.O. BOX CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

<b>Retiree (Or Surviving Spouse) Signature</b>	<b>Date</b>

*I attest that all information is truthful to the best of my knowledge.*

**If your spouse is enrolled in Medicare and wishes to apply for a Reimbursement Benefit, your spouse must complete and sign the following Spouse Application. In order to be eligible, your date of marriage must have been before your healthcare benefits were terminated.**

#### **SPOUSE APPLICATION (Complete this Section if you are the spouse of a living Retiree)**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET or P.O. BOX CITY STATE ZIP CODE

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

DATE OF MARRIAGE: \_\_\_\_\_

<b>Spouse Signature</b>	<b>Date</b>

*I attest that all information is truthful to the best of my knowledge.*

**Questions? Call 1-877 474-8322 or visit [www.ccsllcveba.org](http://www.ccsllcveba.org)**