Cleveland-Cliffs Steel LLC VEBA

2021 Medicare Part B Premium Reimbursement

Return to:
CLEVELAND-CLIFFS STEEL LLC VEBA
P.O. Box 39430
Cleveland, OH 44139-0430

BENEFIT APPLICATION FORM

Instructions:		
	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 Tuesday, September 7, 2021.**
	4.	**Select Payment Option at the bottom of this form**

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

Retiree (Or Surviving Spouse) Signature	**Date**

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: _____

Spouse Signature	**Date**

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

RETIREE PAYMENT OPTION: ☐ **Paper Check** ☐ **Pre-Paid MasterCard**
SPOUSE PAYMENT OPTION: ☐ **Paper Check** ☐ **Pre-Paid MasterCard**

Questions? Call 1-877 474-8322 or visit www.ccsllcveba.org