

**2022 CLEVELAND CLIFFS STEEL LLC VEBA RETIREE HEALTHCARE ELECTION FORM**

**Please complete and return no later than December 15, 2021**

**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 Cleveland Cliffs Steel LLC VEBA program effective 1/1/19. I understand that I will not qualify for the Medicare Part B Reimbursement from 1/1/19 – 12/31/19, 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, 2022
- 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, 2022
- NEW FOR 2022!!** I wish to enroll in the **Basic ENHANCED** plan – which is **\$0 per month** for both Medical and Rx Benefits for January 1, 2022
- I wish to enroll in the Standard plan (formerly Plan C) – which is \$0 per month for both Medical and Rx Benefits for January 1, 2022

I do NOT elect to enroll in any MAPD plans for January 1, 2022 and would like to remain eligible for the Medicare Part B Reimbursement for 2022. I acknowledge that I cannot change this election until January 1, 2023.

**YOU MUST CHECK ONE OF THE BOXES ABOVE**

1. I have received, read, and understood the information explaining the Cleveland Cliffs Steel LLC 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 Cleveland Cliffs Steel LLC 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 1/1/23.
4. **I understand that if I do not return this election form by December 15, 2022, 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 2023 to make an additional selection into either Retiree Healthcare or the Medicare Part B Reimbursement which would be effective January 1, 2022.

<b>Member Signature (Required)</b>	<b>Date</b>

Return Address: CLEVELAND CLIFFS STEEL LLC VEBA  
Retiree Benefit Selection  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128  
Toll Free: (877) 474-8322

**See Reverse for Spousal Information**

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