

2022 CLEVELAND CLIFFS STEEL LLC VEBA RETIREE HEALTHCARE ELECTION FORM

Please complete and return no later than December 15, 2022

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 1/1/23. I understand that I will not qualify for the Medicare Part B Reimbursement from 1/1/23 – 12/31/23, but that I may change my election for the calendar year 2024. **(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, 2023

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, 2023

I wish to enroll in the Basic ENHANCED plan – which is \$0 per month for both Medical and Rx Benefits for January 1, 2023

I do NOT elect to enroll in any MAPD plans for January 1, 2023 and would like to remain eligible for the Medicare Part B Reimbursement for 2023. I acknowledge that I cannot change this election until January 1, 2024.

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 1/1/24.
4. **I understand that if I do not return this election form by December 15, 2023, I will NOT be enrolled in the Anthem MAPD PPO 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, 2024.

Member Signature (Required)	Date

See Reverse for more Information

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

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Please complete and return no later than December 15, 2022

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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