ARCELORMITTAL USA —HEALTH CARE ELIGIBILITY CHANGE FORM
REPRESENTED HOURLY & REPRESENTED SALARIED OFFICE AND TECHNICAL EMPLOYEES
FOR ADDS/TERMS/CHANGES

Last Name	First Name	M.I.	Payroll No.	Social Security Number - -

Please check the changes that you need to make to your member records: (Check all that apply.)

- O Add spouse due to marriage
- O Terminate spouse due to divorce
- O Terminate spouse due to death
- O Add child-birth
- O Add child-adoption
- O Add stepchild
- O Terminate child due to death
- O Terminate child-no longer eligible
- O Change/Update Dependent status-Handicap
- O Terminate dependent due to gaining other coverage
- O Add dependent due to losing other coverage
- O Terminate coverage
- O Other_____

ONLY COMPLETE THE SECTIONS THAT APPLY TO CHANGES IN YOUR MEMBERSHIP RECORDS:

Street Address	City	State	Zip Code	Phone

	Employee O Add O Drop O Change	Spouse O Add O Drop O Change	Dependent O Add O Drop O Change	Dependent O Add O Drop O Change
Social Security Number.	- -	- -	- -	- -
Previous Last Name				
New Last Name				
First Name Middle Initial				
Sex (M/F)	O M O F	O M O F	O M O F	O M O F
Membership Status	O Single O Married	O Spouse	O Child O Stepchild O Other _____ O Handicapped > 26	O Child O Stepchild O Other _____ O Handicapped > 26
Documentation Required	See other side.	See other side.	See other side.	See other side.
Birth Date	Month Day Year / /	Month Day Year / /	Month Day Year / /	Month Day Year / /

List additional dependent information on plain paper and attach. O Check here if you are attaching a list of additional dependents.

- **Attach required documentation per instructions on page 2 of this form.** Retain proof of submission

If the above change will affect your enrollment status, please check the appropriate box below. If it does not, leave blank:

1. I elect to enroll in Medical/Rx, Vision & Dental Coverage as: O Employee Only O Employee & Spouse O Employee & Family O Employee & Child(ren)

OR

2. O I elect to **waive all health care coverage** (Medical/RX, Vision and Dental) for myself and my eligible dependents.
   Note: To elect this option you must attach the required proof of other coverage.

3. O I elect to **waive Medical/RX only coverage** for myself and my eligible dependents.
   Note: To elect this option you must attach the required proof of other coverage.

Signature	Date	Work Phone	ArcelorMittal Business Unit/Location

- Return completed and signed form & copies of documents to UMR. Questions Call: 1-866-268-3489
- Mail to UMR – ArcelorMittal, Enrollment Services, 115 W Wausau Ave, Wausau, WI 54401
- Or Email to ammail@umr.com or Fax to 855-307-8354

Internal Use Only: Status O Approved O Incomplete O Late Termination/Change Date_____ Initials _____

Notes:_____

Revised: 05/19/2017

TO MAKE CHANGES TO YOUR COVERAGE OR TO CHANGE THE INFORMATION IN YOUR HEALTH CARE BENEFIT FILE, YOU MUST PROVIDE THE FOLLOWING DOCUMENTATION (CHECK OFF FORMS TO BE ATTACHED AND SEND COPIES ONLY, NO ORIGINALS):

1. Add spouse due to marriage.
   - Marriage Certificate
   - Spouse's Birth Certificate
   - Spouse's Social Security Card
   - Proof of spouse's other insurance (if covered under employer's plan)

2. Terminate spouse due to divorce – No documentation but employee MUST submit an enrollment change form

3. Terminate spouse due to death
   - Death certificate

4. Add child-birth
   - Birth Certificate
   - Social Security Card

5. Add child-Adoption
   - Birth Certificate
   - Adoption Order
   - Social Security Card

6. Add stepchild
   - Birth Certificate
   - Social Security Card
   - Divorce decree or death certificate for natural parent
   - Proof of other insurance, if any

7. Terminate child due to death
   - Death certificate

8. Change/Update Dependent Status-Handicap
   - Highmark Handicapped Dependent Certification Form
   - Tax return showing dependent status

9. Terminate/add dependent due to losing/gaining other coverage.
   - Source of other coverage (is dependent covered as an employee or as a dependent of another person)
   - Proof of date other coverage begins/terminates

10. Waive Coverage
    - Proof of other coverage, including coverage start date

IMPORTANT: Retain proof of submission – Acceptable Proof of submission (1) Email (2) Faxed Confirmation Delivery (3) Certified Mail receipt

Revised: 05/19/2017

Eligibility Rules

1. Employees should contact UMR Eligibility at 1-866-268-3489 or email ammail@umr.com. Steps for employees are provided below.
2. There will be an initial blackout period to give time for the Consova dependent terminations to be implemented across all systems. UMR can collect documents from employees and hold them until the blackout period has ended. This is expected to end in another week.
3. Documentation required post-audit is the same as for a new hire or newly acquired dependent, including the Health Care Eligibility Change form. See page 2 of the attached form for documentation.
4. Dependent eligibility will be restored retroactive to 11/1/17 when the completed form and documentation has been submitted to UMR Eligibility. The retroactivity grace period will end on 3/31/18. Starting 4/1/18, the effective date of coverage will be standard for mid-year enrollments and no longer retroactive to 11/1/17.

Steps for Employees

1. Complete the Health Care Eligibility Change form for the dependents to be added.
2. Attach copies of the standard documentation required to add a dependent (generally birth certificates, social security cards and marriage certificate, if applicable). See page 2 of the Eligibility Change form for complete details.
3. Submit the completed form and copies of required documents to UMR by (1) Mail, (2) Email or (3) Fax.
4. Instructions for submitting documents to UMR are provided below and on the Eligibility Change form.

Return completed and signed form & copies of documents to UMR.

- Mail to UMR – ArcelorMittal, Enrollment Services, 115 W Wausau Ave, Wausau, WI 54401
- Or Email to ammail@umr.com
- Or Fax to 855-307-8354

5. Contact UMR Eligibility at 1-866-268-3489 with any questions.
6. Coverage will be restored retroactive to 11/1/17 if the completed form and required documentation are received by UMR on or before 3/31/18.