

# ArcelorMittal USA

## Pre-Medicare Retiree Health Care Coverage Deferment/Termination Form

### Deferment/Termination (check one box only for your appropriate election)

- Deferment With Proof of Other Coverage** - I elect to defer ArcelorMittal USA retiree health care coverage for the individual(s) designated below. Deferment will be effective on the first of the month following receipt of the completed and signed deferment form and all required documentation. I understand that I must submit proof of other employer's coverage (this excludes Medicare, VA, and supplemental plans such as Tri-Care or AARP) to defer under this provision and be eligible to reenroll myself and/or my designated eligible dependent(s) later, subject to the terms and conditions for reenrollment described in the Program of Insurance Benefits for eligible retirees.
- Termination** - I elect to terminate my ArcelorMittal USA retiree health care coverage for the individual(s) designated below. Termination will be effective on the first of the month following receipt of my completed and signed cancellation form. I understand that if I terminate coverage I will not be able to re-enroll myself and/or my designated dependent(s).

### DEFER/TERMINATE THE FOLLOWING:

*Only list the name(s) of the individual(s) that you want to defer/terminate health care coverage for.*

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

*Signature of the Retiree/Surviving Spouse (not the spouse or dependent) is required for deferment/termination.*

Retiree/Surviving Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Retiree/Surviving Spouse Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

Return completed and signed form to:

ArcelorMittal USA LLC MC7005  
Attn. Retiree Termination and Enrollment  
3220 Dickey Road  
East Chicago, IN 46312