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A (formerly ISG VEBA)

Return to: **Mittal Steel USA VEBA**
5020 Richmond Road, Suite 1
Cleveland, OH 44146

2006 Medicare Part B Premium Reimbursement

BENEFIT APPLICATION FORM

Questions: **1(877) 474-8322**

Instructions:

1. **Complete and sign this Benefit Application Form**
2. **Attach a copy of your Medicare Health Insurance Identification Card**
3. **Return the Application and copy of your Medicare Card to the VEBA postmarked no later than Thursday, August 31, 2006**

BENEFICIARY 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

SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
Month Day Year

Beneficiary (Retiree or Surviving Spouse) Signature	**Date**

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

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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 on one of the following dates.

LTV Steel:	March 31, 2002	Georgetown Steel:	October 20, 2003
Bethlehem Steel:	May 8, 2003	Acme Metals:	June 1, 2002

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

PLEASE REMEMBER TO ATTACH A COPY OF EACH APPLICANT'S MEDICARE HEALTH INSURANCE IDENTIFICATION CARD TO THIS FORM