

OPEN ENROLLMENT

NEW HIRE ENROLLMENT



**ACTIVE NON-REPRESENTED SALARIED
2020 DEPENDENT / ELDER DAY CARE ENROLLMENT FORM
(Please print)**

Employee Information		
Last Name:	First Name:	Middle Initial:
Social Security Number:	Payroll No.	Date of Birth:
Address:		Hire Date:

The **Dependent/Elder Day Care Spending Account** allows you to be reimbursed for qualified day care expenses in order to allow you and your spouse to work or go to school up to an annual maximum of **\$5,000**.

Dependent / Elder Day Care Spending Account	
<input type="checkbox"/> I Elect Dependent / Elder Care	
Amount to Deduct Per Pay on a Pre-Tax Basis: \$ (Maximum Limit: \$192.30)	Annual Deduction: \$
<input type="checkbox"/> I Decline Coverage	

Authorization

To the best of my knowledge the information above is correct and I elect to participate in IN Tek & IN Kote FSA benefit plan as indicated. I understand my employee contribution will be deducted from my earnings or any applicable disability benefits payments on a pre-tax basis in an amount based on my coverage election(s) above.

Authorization			
Signature	Date	Work Phone	Home Phone

<p>After signing, make a copy for your records and return form by:</p> <p>Mail: HR – Benefits 30755 Edison Rd New Carlisle, IN 46552</p> <p>Email: HUMAN_RESOURCES@mittalco.com</p> <p>Phone: 574-654-1044 Fax: 574-654-1043</p>	<p>IMPORTANT: Retain proof of submission -</p> <ul style="list-style-type: none">(1) Email – retain e-mail and delivery notification for confirmation purposes(2) Fax – retain fax confirmation delivery for confirmation purposes(3) Certified Mail – retain proof of certified mailing for confirmation purposes – <i>For Open Enrollment must be postmarked by 11/2/2018</i> <p>Forms sent to ArcelorMittal will be returned to the sender, not forwarded to UMR. Your FSA elections will be confirmed in writing within 21 business days of receipt.</p>
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