

OPEN ENROLLMENT

NEW HIRE ENROLLMENT



**ACTIVE REPRESENTED EMPLOYEE 2020  
FSA BENEFITS ENROLLMENT FORM  
(Please print)**

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

**The Health Care Spending Account** allows you to be reimbursed for qualified health care expenses incurred by you and your dependents. Eligible expenses include medical and prescription drug copays, coinsurance and deductibles up to an annual maximum of **\$2,750**.

Health Care Spending Account Election		
<input type="checkbox"/> I Elect Coverage	Amount to Deduct Per Pay on a Pre-Tax Basis: \$ (Maximum Limit: \$105.77)	Annual Deduction: \$
<input type="checkbox"/> I Decline Coverage		

**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**. If you wish to enroll, you must only choose either Option A **OR** Option B

Dependent / Elder Day Care Spending Account	
<input type="checkbox"/> OPTION A – Dependent / Elder Care with ICD Match*	<input type="checkbox"/> OPTION B – Dependent / Elder Care without ICD Match
Amount to Deduct Per Pay on a Pre-Tax Basis: \$ (Maximum Limit: \$192.30)	Annual Deduction: \$
<input type="checkbox"/> I Decline Coverage	

\*The following groups are NOT eligible to participate in the ICD Dependent / Elder Care match:

- Brickmason
- Columbus Coating
- Monessen
- Fleet
- Obetz

**Authorization**

To the best of my knowledge the information above is correct and I elect to participate in ArcelorMittal FSA benefit plans 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
<b>After signing, make a copy for your records and return form by:</b>  Mail: HR Benefits- 30755 Edison Rd New Carlisle, IN 46552  Email: <a href="mailto:HUMAN_RESOURCES@mittalco.com">HUMAN_RESOURCES@mittalco.com</a> Phone: 574-654-1044 Fax: 574-654-1043		<b>IMPORTANT: Retain proof of submission</b> (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 - For Open Enrollment must be postmarked by 11/5/2019  Forms sent to I/N Tek & I/N Kote will be returned to the sender, <b>not</b> forwarded to UMR. Your FSA elections will be confirmed in writing within 21 business days of receipt.	