

# ArcelorMittal USA

## Spousal Premium Reimbursement Program Coverage Status Inquiry



### Active Employees and Retirees:

- **Non-Medicare Eligible Spouses working 32 or more hours per week and Non-Medicare Eligible Spouses who are retired and offered retiree coverage must enroll for all available coverage offered by their employer or former employer.**
- **If your spouse fails to enroll in available coverage, his/her coverage under the ArcelorMittal USA Plan will be interrupted.**

### POLICY HIGHLIGHTS:

- For a full description of your plan, refer to your appropriate ArcelorMittal USA Summary Plan Description.
- Any premiums paid for coverage under the spouse's plan will be reimbursed.
- **A spouse is not required to enroll dependent children under their healthcare coverage;** however, a spouse who elects to enroll dependent children in their Employer sponsored plan will receive reimbursement for such dependent child/ren's premiums when the children are covered as primary under that Plan.

### FORM INSTRUCTIONS:

- Complete all applicable questions.
- Employee/Retiree must sign and date form. By signing below, you are attesting that the information contained within this form is correct to the best of your knowledge.
- This form is the only method of updating your Spouse's coverage status.

**EMPLOYEE/RETIREE:** Please complete the front and back (if necessary) portion of this form, date this form and indicate whether he/she is employed.

ArcelorMittal USA Employee/Retiree Name: \_\_\_\_\_ Payroll #: \_\_\_\_\_  
(Active Only)

Employee/Retiree Date of Birth or Last 4 Digits of SSN: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Is your Non-Medicare eligible Spouse employed and working 32 hours or more a week or retired and offered Retiree health insurance: No \_\_\_ Yes \_\_\_. If no, sign and return this form to UMR. If yes, complete this form on Side 2 then sign and return this form to UMR.

Employee/Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UMR  
333 West Vine St, Suite 500  
Lexington, KY 40507

OR Fax the form to 859-226-1191  
and retain the fax confirmation  
sheet for your records

OR Scan and E-Mail the form to  
AMSpousalReimbursement@umr.com

**FOR ANY QUESTIONS YOU MAY HAVE, PLEASE CALL UMR at 888-999-7741.**

COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN TO:

UMR  
333 West Vine St, Suite 500  
Lexington, KY 40507

Or fax the completed form to 859-226-1191 and retain the fax confirmation sheet for your records,  
or scan and E-mail to [AMSpousalReimbursement@umr.com](mailto:AMSpousalReimbursement@umr.com)

**TO BE COMPLETED BY EMPLOYEE/RETIREE (for spouse's employer or retiree health insurance coverage):**

1) Is your spouse eligible or will he/she become eligible for health care plan coverage?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", eligibility date: \_\_\_\_\_

What Coverage is Available: Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Rx \_\_\_\_\_ HMO \_\_\_\_\_

2) If not eligible, indicate why: \_\_\_\_\_

3) Is your spouse currently covered by an employer-sponsored health care plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", what is the effective date of spouse's coverage \_\_\_\_\_

Check coverage enrolled: Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ Rx \_\_\_\_\_ HMO \_\_\_\_\_

4) Does the health care plan offer child(ren) coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Are child(ren) enrolled for coverage? (circle answer)

Yes, primary Yes, secondary No

If so, what is the effective date of child(ren) coverage? \_\_\_\_\_

Order of benefit determination for child(ren): Birthday rule \_\_\_\_\_ Gender \_\_\_\_\_ Other \_\_\_\_\_

Name & Address of Spouse's Employer/Former Employer:

Name & Address of Spouse's Plan/Administrator Carrier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

FOR ANY QUESTIONS YOU MAY HAVE, PLEASE CALL UMR at 888-999-7741