

Request for Amendment/Correction of PHI

Name _____ Employee/Retiree SSN _____

Address _____

I request amendment of the following protected health information that is maintained by the ArcelorMittal USA Inc. Benefit Plans or the I/N Tek and I/N Kote Benefit Plan: _____

The information identified above is inaccurate or incomplete because: _____

The information identified above should read as follows: _____

Signature

Date

FOR INTERNAL USE ONLY:

[This page to be completed by the Plan]

Your request for an amendment has been:

- Accepted
- Denied
- Accepted in part; Denied in part

If denied (either in whole or in part), the reason is because the PHI:

- Was not created by the ArcelorMittal USA Inc. Benefit Plans or the I/N Tek and I/N Kote Benefit Plan
- Was not used in whole or in part to make benefits determinations
- Is not available for inspection
- Is accurate and complete

If your request has been denied, you have the right to submit a written statement of disagreement to the Privacy Officer of the ArcelorMittal USA Inc. Benefit Plans or the I/N Tek and I/N Kote Benefit Plan (as applicable) at the following address:

ArcelorMittal USA Inc. Benefit Plan and ArcelorMittal USA Inc. Benefit Plan II
c/o ArcelorMittal USA Inc.
3220 Dickey Road (MC 7-550)
East Chicago, Indiana 46312
Facsimile: 219-399-6693
Attention: HIPAA Privacy Official

I/N Tek and I/N Kote Benefit Plan
c/o I/N Tek and I/N Kote
30755 Edison Road
New Carlisle, Indiana 46552
Facsimile: 574-654-1043
Attention: HIPAA Privacy Official

Alternatively, you may request that future disclosures of the protected health information identified on the previous page include copies of this form.

Name and title of individual completing form: _____

Signature

Date