

**RETIREE FUND APPLICATION FORM
FOR EMERGENCY DENTAL AND OTHER HEALTH EXPENSE CLAIMS**

Note new address to send your forms to

Applicant Information

1. Name: _____
2. Address: _____
Province _____ Postal Code _____
3. Telephone Number(s): _____
4. Email Address: _____

If Applicant is a Resident of Ontario

I have a valid Ontario health card.

USSC Identification Number: _____(TLC)

If Applicant is Not a Resident of Ontario

I am not a resident of Ontario but I am a resident of Canada.

USSC Identification Number: _____(USO)

Benefit Applied For (state nature of benefit – dental, vision, hearing, other medical)

Medical Professional Providing Benefit

CERTIFICATION

Please check each of the following if true:

- I am a retiree of United States Steel Canada or the eligible spouse or dependent of a retiree of United States Steel Canada and I was eligible to receive post-employment benefits under the USSC post-employment benefit plan prior to October 9, 2015.
- The benefit described above is medically necessary.
- I am not able to pay for the benefit described above, or paying for it would cause me economic hardship.
- There is no provincial plan or insurance plan that will pay for the benefit described above, or there is a provincial plan that might pay for the benefit described above and I have applied to the program or am in the process of applying to the program.
- I understand that I may be eligible for reimbursement of \$100.00 for eligible health care expenses. If I am, I would like to have Green Shield apply up to \$100.00 to this claim if it is in excess of what is covered by the Emergency Dental and other Health Expense Claims.
- I have attached to this Application Form a completed Green Shield benefits claim form.

I certify the contents hereof to be true, and I undertake to reimburse the Retiree Fund for any payment I receive from the Retiree Fund if I receive funding for the benefit described above from both the Retiree Fund and another source.

Witness

Signature

Submit this form

by fax to: 416 204 2897
by e-mail to: usscrepcounsel@kmlaw.ca
by mail to: Koskie Minsky LLP
20 Queen Street West, Suite 900
Toronto, ON M5H 3R3 Canada
Attention: Communications Department

Note: Applicable Green Shield Benefits Claim Form must be attached