

**SCHEDULE B**

**APPLICATION FORM FOR OUT-OF-PROVINCE EMERGENCY DENTAL AND  
OTHER HEALTH EXPENSE CLAIMS**

**Applicant Information**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_
3. Telephone Number(s): \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Green Shield USSC Health Plan Identification Number: USO \_\_\_\_\_

**Benefit Applied For (state nature of expense claimed)**

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

**Medical Professional Providing Benefit**

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

## CERTIFICATION

Please check the following if true:

- I am a retiree of U.S. Steel Canada Inc. or the eligible spouse or eligible dependent of a retiree of U.S. Steel Canada Inc. and I was eligible to receive post-employment benefits under the USSC post-employment benefit plan as of October 9, 2015 or I became eligible to receive post-employment benefits under the USSC post-employment benefit plan after October 9, 2015.
- I am not a resident of Ontario but am a resident of Canada.
- The benefit described above is medically necessary.
- I am not able to pay 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 or insurance plan that might pay for the benefit described above and I have applied to the plan or am in the process of applying to the plan.
- I have attached to this Application Form a completed Green Shield benefits claim form.
- 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 OOP Emergency Dental and Other Health Expense Claims.

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

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Applicant Signature

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Witness Signature

Submit this form to Attention: USSC Monitor

by fax to: 416-943-2887

by e-mail to: [ussc.monitor@ca.ey.com](mailto:ussc.monitor@ca.ey.com)

by mail to: Ernst & Young Inc.

222 Bay St.

P.O. Box 251

Toronto, ON M5K 1J7 Canada

**Note: Green Shield Benefits Claim Form must be attached**