

TRANCHE 2 APPLICATION FORM

**TRANSITION FUND FOR ELIGIBLE USSC RETIREES
AND THEIR ELIGIBLE SPOUSES AND DEPENDANTS**

Applicant Information

1. Name: _____
2. Address: _____
3. Telephone Number(s): _____
4. Email Address: _____
5. Green Shield USSC Health Plan Identification Number: _____

Benefit Applied For (state nature of expense claimed)

Medical Professional Providing Benefit

CERTIFICATION

Please check each of the following if the following is 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.

- I have a valid Ontario health card.

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

Applicant Signature

Witness Signature

Submit this form

by fax to: 416.943.2887

by e-mail to: ussc.monitor@ca.ey.com

by mail to: Ernst & Young Inc.
222 Bay St.
P.O. Box 251
Toronto, ON M5K 1J7 Canada

Attention: USSC Monitor

Applicable Green Shield Benefits Claim Form must be attached