

**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)**

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**Medical Professional Providing Benefit**

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## 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.

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Applicant Signature

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Witness Signature

Submit this form

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

Attention: USSC Monitor

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