



UNION AND STRENGTH FOR WORKERS

Local 979

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Dan Boone – President

Sam Moyer – Vice President

Bob Boardman – Financial Secretary

Mike Mosley - Treasurer

Shirley Pasholk – Recording Secretary

Tony Panza – Grievance Chairman

4-22-2020

ATTENTION

ALL MEMBERS ENROLLED IN THE DEPENDENT CHILD CARE PROGRAM

If you are enrolled in the Dependent Care FSA and have qualifying life events, you **can opt out of** or **opt into** the program.

You cannot change your Healthcare FSA Account unless you have a government approved qualified life event. Qualified events are:

- * Your Dependent Care facility is now closed due to the Corona Virus
- * Your spouse is no longer working

You can download and print the form from the 979 web page

www.usw979.com

You are required to complete a reselection form within 31 days of the qualifying event. Submit the form to:

UMR-FlexEligibility@umr.com

In Solidarity,

Joe Venere

Benefits Coordinator

OPEN ENROLLMENT*

NEW HIRE ENROLLMENT

**ACTIVE REPRESENTED EMPLOYEE
2020 FSA BENEFITS ENROLLMENT FORM
(Please print)**



**if you enroll in the FSA before the end of Open Enrollment you will have until 12/31/19 to make changes to your election amount*

Employee Information		
Last Name:	First Name:	Middle Initial:
Social Security Number:	Payroll No.	Date of Birth:
Address:	Hire Date:	

The **Health Care Spending Account** allows you to be reimbursed for qualified health care expenses incurred by you and your dependents. Eligible expenses include medical and prescription drug copays, coinsurance and deductibles up to an annual maximum of **\$2,700**.

Health Care Spending Account Election	
<input type="checkbox"/> I Elect Coverage	Annual Deduction: \$
<input type="checkbox"/> I Decline Coverage	

The **Dependent/Elder Day Care Spending Account** allows you to be reimbursed for qualified day care expenses in order to allow you and your spouse to work or go to school up to an annual maximum of **\$5,000**. If you wish to enroll, you must only choose either Option A **OR** Option B.

Dependent / Elder Day Care Spending Account	
<input type="checkbox"/> OPTION A – Dependent / Elder Care with ICD Match*	<input type="checkbox"/> OPTION B – Dependent / Elder Care without ICD Match
Annual Employee Deduction: \$	
<input type="checkbox"/> I Decline Coverage	

* Applicable groups that elect an ICD Match are eligible to receive a dollar for dollar contribution with an \$1,800 max match. For more details visit the [Benefits website/Flexible Spending Account/Summary Plan Description](#)

* The following groups are NOT eligible to participate in the ICD Dependent / Elder Care match:

- Brickmason
- Columbus Coating
- Monessen
- Fleet
- Obetz

IMPORTANT: PER IRS REGULATIONS, HEALTH CARE SPENDING ACCOUNT AND DEPENDENT/ELDER DAY CARE FSA ELECTIONS MADE DURING OPEN ENROLLMENT WILL BECOME EFFECTIVE 1/1/2020 AND CANNOT BE CHANGED OR DROPPED UNLESS THERE IS AN IRS-QUALIFIED LIFE EVENT

Authorization

To the best of my knowledge the information above is correct and I elect to participate in ArcelorMittal FSA benefit plans as indicated. I understand my employee contribution will be deducted from my earnings or any applicable disability benefits payments on a pre-tax basis in an amount based on my coverage election(s) above.

Authorization			
Signature	Date	Work Phone	Home Phone
After signing, make a copy for your records and return form by: Email: UMR-FlexEligibility@umr.com Phone: 800-826-9781 Fax: 866-751-2440		IMPORTANT: Retain proof of submission (1) Email – retain e-mail and delivery notification for confirmation purposes (2) Fax – retain fax confirmation delivery for confirmation purposes Forms sent to ArcelorMittal will be returned to the sender, not forwarded to UMR. Your FSA elections will be confirmed in writing within 14 business days of receipt.	