

Claimant Name:

You have 1 Days, 12 Hours, 22 Minutes to finish filing the claim



2 Employment History

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ARCELORMITTAL USA INC

Employer Business Activity:
Iron and steel mills and ferroalloy mfg.
Manufacturing

Field(s) marked with an asterisk * are required.

Which of the following scenarios best describes your status with this employer? *

- ☐ This employer told me I was fired, terminated, or discharged.
-  ☒ This employer told me that no work was available.
- Choose this option if you are on a temporary layoff or shutdown.
 - Choose this option even if your employer temporarily does not have work available and if you have a return to work date.
 - **DO NOT** choose this option if you are still working but experiencing a reduction in hours.
- ☐ This employer told me that I have been suspended.
- ☐ I quit this job or was discharged as a result of a domestic violence situation.
- ☐ I am not working for this employer because, at this time, I am unable to do my job.
- Choose this option if you have a medical condition, are on Family Medical Leave,
 - or if you are on a short-term disability, and you expect to return to work with this employer.
- ☐ I quit or chose to end this employment on my own.
- ☐ I am still working for this employer.
- Choose this option if you are still working but experiencing a reduction in hours.
 - If your employer is on a temporary layoff or shutdown, choose the option "This employer told me that no work was available."
 - **DO NOT** choose this option if you are on a temporary layoff or shutdown.
- ☐ I am on strike/lockout/labor dispute with this employer.

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Claimant Name:

You have 1 Days, 12 Hours, 20 Minutes to finish filing the claim



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ARCELORMITTAL USA INC

Employer Business Activity:
Iron and steel mills and ferroalloy mfg.
Manufacturing

You indicated that your employer told you that no work was available.

Field(s) marked with an asterisk * are required.

Was this a temporary assignment? *

☐ Yes ☒ No

Does this employer regularly shut down at this time of year? *

☐ Yes ☒ No

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Claimant Name:

You have 1 Days, 12 Hours, 20 Minutes to finish filing the claim



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ARCELORMITTAL USA INC

Employer Business Activity:
Iron and steel mills and ferroalloy mfg.
Manufacturing

- ☐ You indicated that your employer told you that no work was available and this employer does not regularly shut-down at this time of year.

Field(s) marked with an asterisk * are required.

What was your earliest approximate start date with this employer? *

(mm/dd/yyyy)

What is your latest date of separation from this employer? *

(mm/dd/yyyy)

**There is no return date
unless you have been
notified by ArcelorMittal.**

Do you have a return to work date? *

☐ Yes ☒ No



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Claimant Name:

You have 1 Days, 12 Hours, 18 Minutes to finish filing the claim



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ARCELORMITTAL USA INC

Employer Business Activity:
Iron and steel mills and ferroalloy mfg.
Manufacturing

Field(s) marked with an asterisk * are required.

What was your rate of pay with this employer? *

\$ Base Rate

Pay Rate Type for Amount Reported. *

☒ Hourly ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Yearly

How many hours did you normally work per week with this employer? *

How many days did you normally work per week with this employer? *

Select the option that best describes your employment with this employer *

What was your job title with this employer? *

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Base Rate/Hourly Pay

Your normal hours/days

Claimant Name:

You have 1 Days, 12 Hours, 12 Minutes to finish filing the claim



3 Income

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UNITED STEELWORKERS LOCAL 1010 CORP

Employer Business Activity:

Labor unions and similar labor organizations

Other Services (except Public Administration)

Regarding UNITED STEELWORKERS LOCAL 1010 CORP, did you receive any of the following from this employer since 04/19/2020 in your last pay check or in any future check?

Check all that apply. At least one selection is required.

i You must provide the gross amount for any selection.

Enter what applies for
your per week
voucher.

- | | | |
|-------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Severance | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Floating Holiday ? | <input type="checkbox"/> Accrued Leave (non military) |
| <input type="checkbox"/> Separation Pay | <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Bonus |
| <input type="checkbox"/> Comp Time | <input type="checkbox"/> Idle Time ? | <input type="checkbox"/> Stay on Pay ? |
| <input type="checkbox"/> Retention Pay ? | <input type="checkbox"/> COBRA ? | <input type="checkbox"/> Wages in Lieu of Notice ? |

☐ I will not receive, nor have I received, any of the above payments from this employer.

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Claimant Name:

You have 1 Days, 12 Hours, 11 Minutes to finish filing the claim



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Strike or Sub Pay

Field(s) marked with an asterisk * are required.

**The Company has made it
clear there is no Sub Pay.**

Have you received or will you receive Sub Pay? *

☐ Yes ☒ No

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Claimant Name:

You have 1 Days, 12 Hours, 10 Minutes to finish filing the claim



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Pension / 401k / Retirement Pay

Field(s) marked with an asterisk * are required.

Do you have any type of pension, 401k, or retirement plan? *

☒ Yes ☐ No

Are you receiving or have you received a lump sum payment, monthly payment, loan, or other periodic payment from any type of pension, 401k, or retirement plan? *

☐ Yes ☒ No

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Claimant Name:

You have 1 Days, 12 Hours, 8 Minutes to finish filing the claim



5 Miscellaneous

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Union Hiring Hall

Field(s) marked with an asterisk * are required.

Are you a member of a union hiring hall? *

We are not a hiring hall.

☐ Yes ☒ No



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