UNITED STEELWORKERS
USW
UNITY AND STRENGTH FOR WORKERS

Mail Forms to:
Steelworkers Health and Welfare Fund
60 Blvd of the Allies
Pittsburgh, PA 15222
Fax to: 412-562-2276
Email to: Mstout@usw.org

ArcelorMittal

VERIFICATION OF A WELLNESS EXAMINATION FORM
FOR THE 2016 USW-ARCELORMITTAL HEALTH AWARENESS INITIATIVE

USE THIS FORM IF **HIGHMARK** ADMINISTERS YOUR MEDICAL INSURANCE IN 2016.

Form to be filled out by your healthcare provider to verify that you or your spouse, if applicable, completed the Wellness Examination from 10/1/15 – 9/30/16. Separate forms are required for you and your spouse, if applicable.

Section 1: Completed by Employee/Non-Medicare Retiree or Surviving Spouse

Check One: ☐ Active Employee ☐ Non-Medicare Retiree or Surviving Sposue

Employee/Retiree: _____
Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

ArcelorMittal Location/Plant: _____

Insurance Card ID# _____ **Phone #** (___) _____

Verification is for: ☐ Employee/Retiree or Surviving Spouse ☐ Spouse covered under my ArcelorMittal Healthcare Plan

If Verification Form is for your Spouse, complete:

Spouse: _____
Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

_____ _____
Employee/Retiree Signature **Date**

_____ _____
Spouse Signature (only if spouse verification) **Date**

Section 2: Completed by Healthcare Provider

Date of Service_____

The above named patient was seen in my office on the date of service listed. I completed the examinations check marked below. (Do not provide examination results.)

Check the box if completed on Date of Service

Height ☐

Weight ☐

Blood Pressure ☐

Discussion of appropriate recommended exams, screenings and procedures ☐

Healthcare Provider Name _____ **Phone #**_____

Healthcare Provider Signature_____

Date Signed_____ *If you have an office stamp, please apply here:*

USE THIS FORM IF **HIGHMARK** ✓
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July 2016