

ATI FLAT ROLLED PRODUCTS
CAREMARK CLAIMS ISSUES FOR THE WORK STOPPAGE PERIOD
USW REPRESENTED EMPLOYEES

If you have experienced Caremark Claims reimbursement issues for your eligible prescriptions during the work stoppage, please complete this form and return it to the address at the bottom of this form. Thank you.

*[Please note, if you have **NOT** received a claim **rejection** notice or **reimbursement less than your eligible amount**, your claims are currently being processed. You will receive your reimbursement in 2 or 3 weeks. You do **NOT** need to return this form.]*

Please clearly print information.

Clock Number: _____

Name: _____

Street Address: _____

City, State, Zip code: _____

Telephone Number: _____

Email Address: _____

- I received a claims **rejection** notice from Caremark for my prescription claims submitted for the work stoppage period.
- I received a reimbursement check from Caremark, but the **check was for an amount less than** the total cost of my prescriptions minus my employee co-payment.

I submitted prescription claims for the work stoppage period for the following eligible members:
 Check **ALL** of the boxes that apply:

- EMPLOYEE
- SPOUSE
- CHILD(REN)

Return completed form to the following address **by June 10, 2016**:

ATI Flat Rolled Products
 Susan Spencer
 Employee Benefits Department
 100 River Road
 Brackenridge, PA 15014