



**Supplemental Unemployment Benefit (SUB) Program
United States Steel Corporation and Certain Subsidiary Companies**

SUB Application

Name (Last, First, Middle)	
Plant Location	
Check/Payroll Number	
Address	
City, State and Zip	
County	
Phone Number	
Email Address (Optional)	

I hereby make application for Supplemental Unemployment Benefits for all weeks of layoff beginning _____/_____/_____

My weekly benefit rate as provided in my state financial determination letter. \$_____

I understand that in order to be eligible for benefits, I must comply with the terms of the applicable collective bargaining agreement. I must also provide proof of my application for unemployment benefits and financial determination letter from the State from which I am requesting such benefits.

I agree to inform the company of any earnings received by me from any source including but not limited to public or private pensions, workers' compensation, trade adjustment allowance, social security, or vacation pay during this period. I further agree to immediately report to the company all earnings from other employers for which I may be employed during a layoff period as well as any change to the number of SUB dependents.

I authorize the State Unemployment Compensation Agency to release to United States Steel Corporation and its subsidiaries (the "Company") any information pertaining to my State unemployment compensation claim. I authorize the State Department of Revenue to release to the Company any information pertaining to my earnings during any periods in which I am not eligible for state unemployment compensation benefits and for which I make application for SUB.

I acknowledge and agree that the Company has the right to recover any overpayments of SUB benefits made to me. I authorize the Company and/or United States Steel and Carnegie Pension Fund to deduct the amount of any SUB overpayments that may occur from any monies due me, including without limitation, wages, salary, bonus or profit sharing plan payments, vacation benefits, and pension benefits, to the fullest extent permitted by law. I understand that this authorization for deduction of SUB overpayments from my pension benefits is voluntary and that I may revoke this authorization at any time.

I certify that the information entered above is true and correct. Further, I understand that I may be disciplined if I falsify or withhold information to obtain benefits.

Employee's Signature

Date

Company Representative