

# RETIREE ADDRESS CHANGE

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Last 4 of SSN # :** \_\_\_\_\_

**Telephone No:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

**RETURN TO: CLEVELAND CLIFFS STEEL**  
**Attn: Retiree Service Center**  
**9227 Centre Pointe Drive**  
**West Chester, Ohio 45069**

**Fax #:** 513-425-2462

**Email:** retiree.assistance@clevelandcliffs.com