

**FIRST STAGE APPEAL**  
**Supplemental Unemployment Benefit Plan**  
**Pursuant to Agreement Between Delphi Corporation and the UAW**

Employee _____ (Print)	Social Security Number _____	Do Not Write in this Space <input type="checkbox"/> TO BOARD <input type="checkbox"/> TO LOCAL COMMITTEE
Division _____	Plant or Location _____ Date _____	

**EMPLOYEE'S CLAIM**  
**(CROSS OUT the items in parentheses that do not apply)**

**CHECK ONE**

- I received notice dated \_\_\_\_\_ that I am ineligible for (a lump sum payment) (a separation payment) (supplemental unemployment benefits).
- I received (a lump sum payment) (a separation payment) (supplemental unemployment benefits) in the amount of \$ \_\_\_\_\_ (and such supplemental unemployment benefit was paid for the week ending \_\_\_\_\_). The amount should have been \$ \_\_\_\_\_.
- I received notice of payment in error or overpayment of (a lump sum payment) (a separation payment) (supplemental unemployment benefits).

I believe this determination is improper and I hereby appeal.

\_\_\_\_\_  
(Employee's Signature)

**ADDITIONAL INFORMATION**  
**(Give any details you think will be helpful to the Local Committee in resolving your appeal.)**

**(Use back of page if additional space is needed.)**

**TO EMPLOYEE:**

This "First Stage Appeal" must be filed with Local Plant Management **within 30 days following the date of mailing (1) of the Company's notice of determination or (2) of the supplemental unemployment benefits payment, separation payment or lump sum payment.** You may mail this appeal or deliver it in person to Local Plant Management or give it to a member of the Local Committee who may file it for you with Local Plant Management.

If additional information is needed from you, you will be contacted. If your claim is granted, payment will be mailed to you. If your claim is rejected, you will be advised.

Copies: Management  
Union  
Employee