

## Dependent Information Change Form (SUB-DI Form) Delphi Supplemental Unemployment Benefit Plan

### About You *(please print)*

Last Name	First Name	Middle Initial	Social Security Number
Street Address	City	State	Zip Code
Home Telephone Number	Daytime Telephone Number	Date of Birth	

**1. Check One:**

- I am submitting the names of my Federal Income Tax dependents because I am included in my spouse's dependency information.
- I am entitled to a greater number of dependents—I am submitting the names of my Federal Income Tax dependents because I am entitled to a greater number of dependents than I claim.
- My spouse and I will be laid off at the same time—My spouse and I are both Delphi employees, with separate Delphi dependency information, and will be laid off at the same time. (You and your spouse must each complete a new SUB-DI form to indicate how your Federal Income Tax dependent exemptions are to be divided between the two of you prior to applying for SUBenefits. You and your spouse **may not** claim the same dependents. Failure to complete the SUB-DI form may result in a SUB overpayment.)
- None of the above applies—Information was requested by the Fidelity Benefit Center.

**2. Indicate Your Federal Income Tax Marital Status:**       **Single**     **Married**

**3. List your Federal Income Tax dependents to be used for SUBenefit purposes:**

Name	Relationship

**4. Number of Dependents claimed above:** \_\_\_\_\_ + 1 (myself) = \_\_\_\_\_ (Total Number Claimed)

### Signature and Date

Any changes made as a result of your submission of this form will be reflected in your SUBenefit for the week following the week in which the Fidelity Benefit Center receives this form.

The information I am furnishing is true and correct to the best of my information and belief. I understand the completion of the form is for the purpose of calculation of my 95% Weekly After-Tax Pay which is used to determine the amount of my Regular SUBenefit. THIS FORM WILL NOT AFFECT MY INCOME TAX WITHHOLDING FOR PAYROLL PURPOSES. This form does not authorize Delphi Corporation to revise my current Form W-4 and has no effect on my claim of dependents for state UC benefit purposes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Mail Completed Form To:**  
Fidelity Benefit Center  
P.O. Box 5078  
Southfield, MI 48086-5078

**Contact Information:**  
Phone: 1-877-389-2374  
Fax: 1-313-230-7492