

Multiple-Week Application for Income Benefits Guaranteed Income Stream (GIS) Benefits Program

APPLICATION INFORMATION

Participant's Name (First, Middle Initial, Last) _____

Participant's Social Security Number (SSN) _____

(1) Is this your first application for GIS Benefits for this period of layoff? Yes No

(2) I hereby apply for a GIS Benefit for the Week(s) ending Sunday:

Week 1			Week 2		
Month	Day	Year	Month	Day	Year

(3) For the Week(s) in Item 2, did you work or receive pay from any employer (including self-employment)?

Week 1			Week 2		
Yes	No		Yes	No	

\$ _____ Gross Amount \$ _____ Gross Amount

If yes, print the name and address of the employer:

Name: _____

Address: _____

YOU MUST ATTACH EVIDENCE OF GROSS AMOUNT

(4) For the Week(s) in Item 2, did you receive any state or federal Unemployment Compensation or allowance (such as Unemployment Compensation, Extended UC Benefit, Trade Readjustment Allowance)?

Week 1			Week 2		
Yes	No		Yes	No	

\$ _____ Gross Amount \$ _____ Gross Amount

If yes, attach evidence of gross amount received.

If no, you must circle the letter of the applicable reason listed below and attach a copy of the denial.

(A) I did not have enough employment in my base to qualify.

(B) I have exhausted all my benefit rights for this year.

(C) Other:

YOU MUST ATTACH EVIDENCE OF GROSS AMOUNT

(5) For the Week(s) in Item 2, were you receiving or claiming any other benefits from the Corporation or any other source (such as Sickness and Accident Benefits, Workers' Compensation, Training Allowance)?

Week 1			Week 2		
Yes	No		Yes	No	

\$ _____ Gross Amount \$ _____ Gross Amount

Name: _____

Address: _____

YOU MUST ATTACH EVIDENCE OF GROSS AMOUNT

CERTIFICATION STATEMENT

I hereby represent that the information furnished on this form is true and correct to the best of my knowledge and belief and that I have not made a claim for SUBenefit or GIS Benefit with respect to any other General Motors location or any other employer for the Week(s) covered by this application. **I hereby acknowledge that willful misrepresentation of information on this form may permanently Terminate my eligibility for GIS benefits.** I hereby authorize and direct any government agency to which I have made a claim for unemployment benefits and/or registered for employment for all or part of the period of layoff covered by this Application, to make available to the Corporation or its agent all records showing or relating to such claim and registration.

I hereby authorize and direct my current and previous employers since my employment at the Corporation to make available to the Corporation or its agent all records with respect to or show my wages, benefits, dates of employment, and reason for my change in employment status. I hereby release from any and all claims and causes of action of every kind, nature, and description whatsoever which, but for this release, I may have against my current and previous employers and any Government agency with respect to the release of all records showing or relating to wages, benefits, registration for employment, dates of employment and reasons for change in employment status.

I hereby authorize and request the payer of GIS Benefits to withhold and pay to the appropriate official any income tax to which any payments made to me are subject pursuant to a law which provides for withholding. If an overpayment results from Benefits paid as a result of this application, I authorize recovery of the overpayment in accordance with the applicable provisions of the GIS program.

I have read this certification statement and agree to be bound thereby.

Applicant's Signature _____

(6) In regard to non-Corporation employment during the Week(s) in Item 2, did you:

	Week 1		Week 2	
	Yes	No	Yes	No
(a) Fail to appear for an employment interview or fail to accept an offer of Employment when asked to do so by the Corporation, its agent or the public employment service?				
(b) Terminate employment arranged by the Corporation, its agent, or the public employment service?				
(c) Cease work or terminate employment for any reason prior to working full-time for 13 consecutive Weeks?				
(d) Cease work for more than one Week because of a strike, or personal leave?				

(7) For the Week(s) in Item 2, were you actively registered for work with your state public employment agency?

Week 1		Week 2	
Yes	No	Yes	No

If yes, print the name and address of the branch office where you are registered.

Week 1		Week 2	
Yes	No	Yes	No

Week 1			Week 2		
Yes	No		Yes	No	

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

(8) For Week(s) in Item 2, were you unable to work for all or any part of the Week due to any illness, injury, or disability?

Week 1			Week 2		
Yes	No		Yes	No	

(9) Are you covered by any health care insurance other than GIS?

Week 1			Week 2		
Yes	No		Yes	No	

If yes, please answer the following:

(a) Subscriber's Name: _____

(b) Social Security Number: _____

(c) Name of Insurance Company: _____

(d) Does Subscriber pay more than 50% of the premium cost? Yes No

(10) Check this box if you need more GIS Application forms:

FOR OFFICIAL USE ONLY

Approved by: _____

Date: _____

You must sign and date this form so that your request can be processed.

INSTRUCTIONS

- Print your first name, middle initial, and last name.
- Print your social security number.
- If this is your first application for GIS Benefits or if you have this Income Benefit(s) sent to an address other than the address of record, check the box marked "yes". If this is not your first application and you have no changes in your address or telephone number, check the box marked "no" and skip to question 2.
- Print the Week Ending Date of the Week(s) for which you are applying. To determine this date, use the date of the Sunday which is the last day of the 7-day period for which you are making application.
- Beginning with questions 3 through 8, all questions must be answered either "yes" or "no" and other information given where appropriate order for this application to be processed.
- For the Week(s) listed in question 2, if you received any pay from any employer, including self-employment, you must indicate so by checking the box marked yes and printing the gross amount received or receivable and the name and address of the employer. Evidence of this amount also must be submitted with this application.
- For the Week(s) listed in question 2, if you received any state or federal employment compensation or allowance such as unemployment compensation, extended UC benefits, Trade Readjustment Allowance (TRA), etc., you must check the box marked yes and print the amount received. Evidence of this amount must also be submitted with this application. If you did not receive such benefit, check the box marked no and circle the appropriate letter or fill in the reason for not receiving such benefits. Additionally, if you have exhausted these benefits, you must enclose a copy of the proper exhaustion evidence from the state unemployment compensation office.
- For the Week(s) listed in question 2, for outside employment you must answer questions (a) through (d) by checking the appropriate box either yes or no.
- With respect to the Week(s) listed in question 2, indicate whether you were actively registered for work with the state public employment service by checking either the box marked yes or no. If yes, print the name and complete address of the branch office where you registered. You must be actively registered for work with the state public employment service to be eligible for GIS Benefits.
- If for all or any part of the Week(s) listed in question 2, you were unable to work due to illness, injury, or disability, indicate so by checking the box marked yes and completing and attaching form GIS-1A. The GIS-1A form is required at the onset of disability, and may be obtained by calling the telephone number provided below. Future GIS-1A forms are to be filed upon request of the GIS Administrator.
- If you are covered by any health care insurance other than the insurance coverage provided under GIS (for example, under an insurance program provided by your spouse's employer or under coverage provided by your current employer), check the box marked yes and complete questions (a) through (d).
- If you need more GIS application forms, please check the box and a supply will be mailed to you.
- Read the application statement and indicate your agreement to be bound thereby signing and dating the application. This application must include your signature to be valid.
- **IMPORTANT:** Review entire application to ensure every item has been completed per the instructions. It is extremely important that all questions 3 through 8 be marked yes and no and completed where so indicated. The filing of this application for consideration does not assure that a benefit will be paid.
- Once reviewed, mail your application, along with all supporting evidence required as indicated on the application to:
GM Benefits & Services Center
P.O. Box 5078
Southfield, MI 48086-5078
- If you have any questions, call the GM Benefits & Services Center at 1-800-489-4646, Monday through Friday between 7:30 a.m. and 6:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.