

INSTRUCTIONS

- Use black or blue ink.
- Leave WEEK 2 blank unless applying for two weeks of SUBenefits.
- Fill out all five parts of the application.
- Enclose a copy of the State or Federal Unemployment papers. (For example, Unemployment Compensation (UC), Trade Readjustment Allowance (TRA), UC Extended Benefits (EB), or Emergency Unemployment Compensation (EUC)).
- Mail completed form to:

GM Benefits & Services Center
P.O. Box 5078
Southfield, MI 48086-5078

INQUIRES

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.

NOTICE TO EMPLOYEE

The filing of this application does not constitute assurance that a benefit will be paid. Any such payment is conditioned upon satisfactory fulfillment of other applicable requirements of the Plan. This application must be filed with the GM Benefits & Services Center within 60 calendar days after the week ending date shown. If you have no dependents on file with the corporation for other benefit purposes (e.g. if you waived health care), you must file Form SUB-DI to receive SUBenefits.

CERTIFICATION STATEMENT

I hereby represent that the information on this form is true and correct to the best of my information and belief.

I hereby authorize and direct any government agency to which I have made a claim for unemployment benefits (including UC, Extended UC, or TRA Benefits) for all or part of the period of layoff covered by this application, to make available to the Corporation, the GM Benefits & Services Center or its agents all records showing or related to, each claim and payment or denial thereof.

I hereby authorize and request the Trustee, with the consent of the Corporation or its agents, to withhold and pay to the appropriate official any income tax or any other 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 SUB Plan.

I am actively registered for work at the state employment office. I am able to work and available for work in accordance with State System requirements.

I understand the marital status and dependency information on file with the corporation will be used solely to determine my Weekly After-Tax Pay under the SUB Plan and will not be used for federal, state or local income tax withholding for payroll purposes.