Transition Support Program (TSP) Election Form

General Motors Supplemental Unemployment Benefit Plan

About You *(please print)*

Last Name	First Name	Middle Initial	Social Security Number

Home Telephone Number	Daytime Telephone Number

Check One:

☐ I elect to receive Transition Support Program (TSP) payments in the form of a one-time lump sum.

I understand that by electing a lump sum, I waive all recall rights and will be considered a Voluntary Quit. I also understand I will continue to receive healthcare coverage for the remainder of the months of extended coverage for which I would have been eligible, based on years of seniority at the time of layoff, had I not elected to opt out of the TSP.

I understand that my TSP lump sum payment will be considered allocated to the number of weeks I would have otherwise been eligible to receive weekly TSP, and that I am therefore not entitled to state unemployment compensation (UC) during this period.

☐ I elect to receive Transition Support Program (TSP) payments in the form of weekly benefits.

Signature and Date

Signature _____ **Date** _____

Mail Completed Form to:
GM Benefits & Services Center
P.O. Box 5078
Southfield, MI 48086-5078

Contact Information:
Phone:1-800-489-4646
Fax: 1-313-230-7492

Return this completed form within 14 days from the date of this letter.