



## 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 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.