

**NOTICE OF  
BOARD OF ADMINISTRATION DECISION**

**Supplemental Unemployment Benefit Plan  
Pursuant to Agreement Between General Motors LLC and the UAW**

Division \_\_\_\_\_ Plant or Location \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Employee Involved \_\_\_\_\_ Local  
Committee  
Case No. \_\_\_\_\_

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**DECISION OF BOARD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(General Motors LLC Representatives)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(International Union-UAW Representatives)

Date \_\_\_\_\_

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- Copies: Board – General Motors  
Board – UAW  
Local Committee – Management  
Local Committee – Union  
Employee