

Transition Support Program (TSP) Election Form

General Motors Supplemental Unemployment Benefit Plan

About You *(please print)*

General Motors Identification Number (GMIN): _____

Last Name	First Name	Middle Initial
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.
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- 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 Layoffs and Unemployment Center
P.O. Box 5078
Southfield, MI 48086-5078

Contact Information:
Phone: 1-800-584-2000
Fax: 1-248-365-9809

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