APPLICATION FOR INCOME MAINTENANCE PLAN BENEFITS PURSUANT TO AGREEMENT BETWEEN GENERAL MOTORS OF CANADA COMPANY AND UNIFOR

(The filing of this application for consideration does not constitute assurance that an Income Maintenance Plan Benefit will be paid. Any such payment is conditioned upon satisfactory fulfillment of all the other applicable eligibility requirements of the Plan.)

NAME:			GMIN		
	(First)	(Initial)	(Last)		
This application is for the week ending Saturday, $///_/$					
1.	For any of the day(s) of the week shown did or receive pay from any employer? If "Yes" of employer and gross amount of pay receiv	enter name	YesNo	Employer Name: Gross Pay: \$	
2.	For any of the day(s) of the week shown, we receiving or claiming any Sickness and Acc Benefits under any law or any employer pro Workplace Safety and Insurance Loss of Ea Benefits, or any Disability Pension or Traini Allowance? If "Yes" enter name of payer, t benefit and gross amount received.	ident gram, or rnings ng	YesNo	Name of Payer:	
3.	Did you receive any Employment Insurance any of the day(s) of the week shown? If "Ye total amount received and submit approved receipt.	es" enter the	YesNo	Amount of E.I. Benefit: \$	

I understand that I must submit proof of receipt of Employment Insurance Benefits and if ineligible for Employment Insurance Benefits, I must submit proof from the Employment Insurance Commission of such ineligibility.

I further understand that I must be actively registered for work at the Canada Employment Centre and I am able and available for work in accordance with Canada Employment Centre requirements.

I hereby authorize and direct the government agency which has determined that I am ineligible for benefits to make available to the Company all records showing, or relating to, such ineligibility. I hereby represent that the information I am furnishing in this application is true and correct to the best of my information and belief and that I have not made any other application for an IMP Benefit from any other Company location or employer for the week covered by this application.

EMPLOYEE'S	SIGNATURE:
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_____ DATE: ____

For Office Use Only:

- 1. Qualifying Layoff OK or_____
- Years of Seniority 2. OK or
- CSUB Credit Units 3. OK or

- 4. Separation Payment OK or _____ 5. Pay in Lieu of Notice OK or _____
- 6. Outstanding Debts OK or

7. E.I. Benefit OK or 8. Other Income

OK or _____

Approved for Payment