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, _____/_____/_____
Month Day Year

This application must be filed with the Company within 60 calendar days after the end of the week for which it is made, and may be filed by email to canadian_suboffice@gm.com.

1. For any of the day(s) of the week shown did you work or receive pay from any employer? If "Yes" enter name of employer and gross amount of pay received.	• Yes • No	Employer Name: _____ Gross Pay: $_____
2. For any of the day(s) of the week shown, were you receiving or claiming any Sickness and Accident Benefits under any law or any employer program, or Workplace Safety and Insurance Loss of Earnings Benefits, or any Disability Pension or Training Allowance? If "Yes" enter name of payer, type of benefit and gross amount received.	• Yes • No	Name of Payer: _____ Type of Benefit: _____ Gross Pay: $_____
3. Did you receive any Employment Insurance Benefit for any of the day(s) of the week shown? If "Yes" enter the total amount received and submit approved evident of receipt.	• Yes • No	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: _____ DATE: _____

For Office Use Only:

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