

Dependent Information Change Form (SUB-DI Form)

Aptiv Supplemental Unemployment Benefit Plan

About You *(please print)*

Last Name	First Name	Middle Initial	Social Security Number		
Street Address		City	State	Zip Code	
Home Telephone Number		Daytime Telephone Number	Date of Birth		

1. Check One:

- I am submitting the names of my Federal Income Tax dependents because I am included in my spouse's dependency information.
- I am entitled to a greater number of dependents—I am submitting the names of my Federal Income Tax dependents because I am entitled to a greater number of dependents than I claim.
- My spouse and I will be laid off at the same time—My spouse and I are both Aptiv employees, with separate Aptiv dependency information, and will be laid off at the same time. (You and your spouse must each complete a new SUB-DI form to indicate how your Federal Income Tax dependent exemptions are to be divided between the two of you prior to applying for SUBenefits. You and your spouse **may not** claim the same dependents. Failure to complete the SUB-DI form may result in a SUB overpayment.)
- None of the above applies—Information was requested by the Aptiv SUB Administration Center.
- Please cancel my previous dependent change request and use my current health care benefit dependent information.

2. Indicate Your Federal Income Tax Marital Status: **Single** **Married**

3. List your Federal Income Tax dependents to be used for SUBenefit purposes:

Name (First & Last)	Relationship

4. Number of Dependents claimed above: _____ + 1 (myself) = _____ (Total Number Claimed)

Signature and Date

Any changes made as a result of your submission of this form will be reflected in your SUBenefit for the week following the week in which the Aptiv SUB Administration Center receives this form.

The information I am furnishing is true and correct to the best of my information and belief. I understand the completion of the form is for the purpose of calculation of my 95% Weekly After-Tax Pay which is used to determine the amount of my Regular SUBenefit. THIS FORM WILL NOT AFFECT MY INCOME TAX WITHHOLDING FOR PAYROLL PURPOSES. This form does not authorize Aptiv to revise my current Form W-4 and has no effect on my claim of dependents for state UC benefit purposes. In addition, I recognize this form will stay in affect until I either complete and submit another for changes, or submit one for cancellation.

Signature

Date

Mail Completed Form To:
Aptiv SUB Administration Center
P.O. Box 5027
Troy, MI 48098

Contact Information:
Phone: 1-248-813-1782