

Warren, OH Multiple Week Application for SUBenefits

FORM SUB-2

ABOUT YOU

| | | | | | | | | | | | |
|--|-------|-----|------|--|-------|-----|------|--------------|--|--|--|
| Participant's Name (First, Middle Initial, Last) | | | | Participant's Social Security Number (SSN) | | | | Phone Number | | | |
| WEEK 1 | | | | WEEK 2 | | | | | | | |
| | Month | Day | Year | | Month | Day | Year | | | | |

UNEMPLOYMENT COMPENSATION

| | | | | |
|---|---------------------|--------------------------|---------------------|--------------------------|
| <p>For WEEK 1 or WEEK 2, did you receive, or were you eligible to receive, any State or Federal Unemployment Compensation Benefit? (See mailing checklist on reverse side for more information.) If yes, enter the total GROSS AMOUNT.</p> <p>WEEK 1 Yes WEEK 2 Yes No No</p> <p>Enclose proof of receipt of such benefit showing the gross amount and each week ending date. If no, review the reasons for ineligibility for each week below and circle the letter in the ineligibility column to the right.</p> <p>A. Exhausted /Insufficient wages to qualify C. Too much earned income B. State Waiting Week D. Other _____</p> <p>Enclose a copy of any papers from the State or Federal Agency for proof of ineligibility.</p> | WEEK 1 | | WEEK 2 | |
| | UC BENEFIT RECEIVED | Reason for Ineligibility | UC BENEFIT RECEIVED | Reason for Ineligibility |
| | Gross Amount | A B C D | Gross Amount | A B C D |
| | \$ | | \$ | |

| | | | |
|-----------------|-----------|-----------|----------|
| OFFICE USE ONLY | | | |
| FIRST WEEK | UC Amount | Week Date | Approver |
| SECOND WEEK | UC Amount | Week Date | Approver |

EARNINGS

| | | | | |
|---|--------------------------|--|--------------------------|--|
| <p>For any day in WEEK 1 or WEEK 2, did you receive any earnings from ANY employer, including self-employment? Did you receive or were you eligible for any Corporation HOLIDAY PAY for the week(s) you are claiming? Fill in the name and address of the employer. ENTER GROSS EARNINGS.</p> | Earnings Gross Amount | | Earnings Gross Amount | |
| | \$ | | \$ | |

| | | | | | | | | | | | |
|-------------------------|-----|----|----------|--------|--------|---------|-----------|----------|--------|----------|--------|
| WEEK 1 | YES | NO | Earnings | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Name of Employer: _____ | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | |
| WEEK 2 | YES | NO | Earnings | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Name of Employer: _____ | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | |

OTHER BENEFITS

| | | |
|---|--|--|
| <p>For any of the days in WEEK 1 or WEEK 2, did you receive, or were you eligible for, or claiming:</p> | Sickness /accident Disability Benefits Other: _____ | Worker's Compensation Training Allowance |
|---|--|--|

| | | | | | | | | | | | |
|------------------------|-----|----|----------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| WEEK 1 | YES | NO | Other Benefits | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Name of Payer: _____ | | | | | | | | | | | |
| Type of Benefit: _____ | | | | | | | | | | | |
| WEEK 2 | YES | NO | Other Benefits | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Name of Payer: _____ | | | | | | | | | | | |
| Type of Benefit: _____ | | | | | | | | | | | |

SIGNATURE AND DATE

I have read the "Certification Statement" accompanying this application and agree to be bound thereby.

Signature

Date

You must sign and date this form so that your request can be processed.

INSTRUCTIONS

- Use black or blue ink.
- Leave WEEK 2 blank unless applying for two weeks of SUBenefits.
- Fill out all five parts of the application.
- Enclose a copy of the State or Federal Unemployment papers. (For example, Unemployment Compensation (UC), Trade Readjustment Allowance (TRA), UC Extended Benefits (EB), or Emergency Unemployment Compensation (EUC)).
- **The State Monetary Determination needs only be submitted once, at the beginning of the UC benefit year. Each week of submission also requires the Multiple Week Application and the UC Claims/Payment Summary (e.g., UC pay stub) from the State of OH. (First submission of benefit year requires three (3) documents, thereafter only two (2)).**
- Sunday earnings calculations should include any earnings for time worked including: straight time, overtime, shift premium, OT shift premium, vacation, etc.
- Form(s) can be faxed to 866-741-1644 (goes to an email box, no cover letter needed), or Email to Lesley.L.Marcott@Aptiv.com

INQUIRES

If you have any questions, call the Aptiv SUB Administration Center at 1-248-813-1782, Monday through Friday between 7:30 a.m. and 4:30 p.m. Eastern Time zone, to speak with a Customer Service Associate.

NOTICE TO EMPLOYEE

The filing of this application does not constitute assurance that a benefit will be paid. Any such payment is conditioned upon satisfactory fulfillment of other applicable requirements of the Plan. This application must be filed with the Aptiv SUB Administration Center within 60 calendar days after the week ending date shown. If you have no dependents on file with the corporation for other benefit purposes (e.g. if you waived health care), you **must** file Form SUB-DI to receive SUBenefits otherwise your benefit calculation for the Weekly After-Tax Pay will be calculated at Single and 0.

CERTIFICATION STATEMENT

I hereby represent that the information on this form is true and correct to the best of my information and belief.

I hereby authorize and direct any government agency to which I have made a claim for unemployment benefits (including UC, Extended UC, or TRA Benefits) for all or part of the period of layoff covered by this application, to make available to the Corporation, the Aptiv SUB Administration Center or its agents all records showing or related to, each claim and payment or denial thereof.

I hereby authorize and request the Trustee, with the consent of the Corporation or its agents, to withhold and pay to the appropriate official any income tax or any other tax to which any payments made to me are subject pursuant to a law which provides for withholding.

If an overpayment results from benefits paid as a result of this application, I authorize recovery of the overpayment in accordance with the applicable provisions of the SUB Plan.

I am actively registered for work at the state employment office. I am able to work and available for work in accordance with State System requirements.

I understand the marital status and dependency information on file with the corporation will be used solely to determine my Weekly After-Tax Pay under the SUB Plan and will not be used for federal, state or local income tax withholding for payroll purposes.