

ATTENTION

ALL FORD UNIT MEMBERS ON LAYOFF

WHO ARE COLLECTING S.U.B.

YOU MUST NOW RE-APPLY FOR S.U.B. EVERY 8 WEEKS WITH FORD

S.U.B. 8-Week Re-Apply Policy

Please be aware that all Ford employees collecting SUB benefits will be required to re-apply every 8 weeks.

Consequently, on Monday, April 29th, 2013 (PP19) all existing sub accounts will be reset to an 8 week balance. Each subsequent week this balance will be reduced by 1. All employees are required to keep track of their S.U.B. week balance and re-apply when the balance of weeks remaining is 3 or less. Please note that the balance of weeks remaining will not be indicated on your S.U.B. statement.

Action Required:

1. Monitor your 8 week status
2. When your balance is 3 weeks or less, you must complete a S.U.B. application to continue your S.U.B. benefits. The application forms are available at both EEP and WEP HR offices.
3. The completed form should be left in the Drop Box also located at EEP and WEP HR offices.

If you have any questions regarding this action, please contact your respective plant CAW Benefit Representative.

FORD OF CANADA SUPPLEMENTAL UNEMPLOYMENT BENEFIT PROGRAM

GLOBAL ID #	SURNAME AND INITIALS	DEPT. NO.										
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You must complete a new application for each new period of layoff following a return to work or other change in status.

You must declare the gross amount of any earnings from employment outside of Ford in Section 'B' on reverse side.

If your UI Benefit from the Canada Employment and Immigration Centre is less than the maximum, please complete Section 'C' on reverse side.

A – APPLICATION FOR SUPPLEMENTAL UNEMPLOYMENT BENEFIT – FORD OF CANADA - C.A.W.

I hereby apply for a weekly benefit. I will declare all wages or remuneration earned during any week covered by this application. I will register for work with the Canadian Employment and Immigration Centre and seek full time work if required by the C.E.I.C. or the Plan. I will notify Ford of Canada of any change in my layoff status such as claiming sickness and accident, disability benefits or retirement benefits, financed in whole or in part by Ford.

I hereby authorize Ford to examine the records maintained by the C.E.I.C. with respect to my unemployment benefit claims. I understand that any credit units will be forfeited if I willfully misrepresent a material fact in order to obtain benefits under the Plan.

For week commencing
Monday: _____

BENEFIT PERIOD	
YEAR	WEEK

APPLICANT'S SIGNATURE _____ DATE: _____

INDUSTRIAL RELATIONS APPROVAL _____

B – DECLARATION OF EARNINGS

For week commencing
Monday: _____

BENEFIT PERIOD	
YEAR	WEEK

Source of earnings (check one box):

- Employers other than Ford of Canada
 Workers' Compensation Benefits
 Other (Disability Benefits, Training Allowances, etc.)

Gross Earnings (\$ Amount): _____

I hereby declare that the above information regarding earnings, benefits and allowances are true to the best of my information and belief.

EMPLOYEE SIGNATURE _____ DATE: _____

C – C.E.I.C. BENEFIT ADJUSTMENT

C.E.I.C. Benefit
(\$ Amount): _____

BENEFIT PERIOD	
YEAR	WEEK

EMPLOYEE SIGNATURE _____ DATE: _____