

Supplemental Unemployment Benefits

- Supplemental Unemployment Benefit (or SUB Pay) is a contractual benefit that provides up to 80% wage replacement for a teammate covered by the Collective Bargaining Agreement.
 - To qualify for SUB Pay, a teammate:
 - Cannot be covered by the New Hire Letter in the CBA
 - Qualify for Unemployment from the state
 - Any other qualifications are governed by the CBA
- New Hire Teammates
 - Since New Hire teammates are not provided SUB under the CBA, we plan to allow New Hire teammates to work on projects focusing on plant improvement during these shutdown weeks.
- Salary Teammates
 - Salaried Teammates will be provided work during this time period as well.

Applying for Unemployment

- You must register with the Iowa Workforce Development
 - In person – 1000 East Grand Avenue – Des Moines, IA 50319 or any other IWD office
 - Phone – 515-281-5387 or 800-JOB-IOWA
 - On-Line – www.iowaworkforce.org
- Iowa Workforce Development has the sole authority to determine if a teammate is awarded Unemployment.
- You can begin the unemployment application process up to 4 weeks ahead of the actual week you will be affected by a shutdown.
 - Since this is a partial plant shutdown, you will need to ensure that you are not in a department working during these shutdown weeks.

Bridgestone Americas Tire Operations

SUB Application

- The SUB Application Form is available through HR, Union Hall or click on **"SUB form"** on website.
- Once you receive Unemployment Compensation, you will need to complete this form and attach pay information provided to you from the Work Force Development Office.
- Over the next two weeks, we will communicate additional details regarding SUB benefits through the Monitors, one point contacts and your union officials.



EMPLOYEE NAME		SSN		CLOCK	DEPT.
STREET ADDRESS			SENIORITY DATE		BENEFIT WEEK ENDING
CITY, STATE, ZIP CODE					LAYOFF DATE

1. I HEREBY APPLY FOR A BENEFIT FOR THIS BENEFIT WEEK
 WAS A STATE OR FEDERAL U.C. CHECK RECEIVED? YES NO

STATE OR FEDERAL UC AMT GROSS \$

2. DID YOU HAVE DURING THAT WEEK ANY EARNINGS FROM ANY EMPLOYER OTHER THAN FIRESTONE? YES NO

NAME OF FIRM

GROSS EARNINGS EA. DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
\$	\$	\$	\$	\$	\$	\$	\$	\$

3. I HAD NO OTHER EARNINGS THAN THOSE REPORTED.

4. I WAS NOT ELIGIBLE FOR AND WAS NOT CLAIMING ANY ACCIDENT OR SICKNESS OR OTHER DISABILITY BENEFIT OR A COMPANY PENSION OR RETIREMENT.

5. I DID NOT RECEIVE AN UNEMPLOYMENT BENEFIT FROM ANY OTHER EMPLOYER NOR AM I ELIGIBLE FOR SUCH A BENEFIT FROM ANY EMPLOYER WITH WHOM I HAVE GREATER SENIORITY THEN WITH THE COMPANY

6. I HEREBY REPRESENT THAT THE INFORMATION I AM FURNISHING IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION AND BELIEF.

7. I HAVE APPLIED FOR OR I HAVE NOT APPLIED FOR FEDERAL EMPLOYMENT COMPENSATION

8. I HEREBY AUTHORIZE THE COMPANY TO EXAMINE THE RECORDS MAINTAINED BY THE STATE WITH RESPECT TO MY UNEMPLOYMENT BENEFIT CLAIMS

EMPLOYEE SIGNATURE: _____ DATE _____

APPROVED BY (FACTORY EMPLOYMENT): _____ DATE _____

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"SUB form"