



INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA – UAW

RAY CURRY, *PRESIDENT* • FRANK STUGLIN, *SECRETARY-TREASURER*
VICE-PRESIDENTS: CHUCK BROWNING • CINDY ESTRADA

Plan Administrator
General Motors Hourly-Rate Employees Pension Plan (“Plan”)
GM Benefits & Services Center
PO Box 770003
Cincinnati, OH 45277-0070

**Re: Claim For Early Retirement Under Mutually Satisfactory
Conditions/Mutually Satisfactory Retirement (“MSR”)**

Dear Plan Administrator:

This letter serves as my formal claim for Mutually Satisfactory Retirement (“MSR”) Benefits under the Plan. The claim for benefits is made in this manner pursuant to the November 17, 2022, letter from John Hater, as the representative of General Motors LLC (the Plan Administrator), to Ray Curry, International UAW President. In that letter, Mr. Hater, in his capacity as representative of the Plan Administrator, provided this as the process to make a claim for MSR eligibility under the Plan.

I specifically claim eligibility under Article II, Section (2)(b) of the Plan and Section B. of the Standards for Application of Provisions Regarding Retirement Under Mutually Satisfactory Conditions (the “Standards”).

I am eligible for MSR Benefits under the Plan and the Standards because:

- (a) I had ten years of credited service as of December 31, 2019;
- (b) My date of birth is: _____;
- (c) On or around _____, 2019, I was laid off from my GM employment at the following plant:
 - Baltimore Transmission
 - Lordstown Assembly
 - Warren Transmission;
- (d) My layoff was a result of the closing or discontinuance of operations at the above-referenced plant;
- (e) I was not offered suitable work by GM in the same labor market area as the above-referenced plant from which I was laid off.

December 2022

Additional personal information is contained below. This letter is to be treated as a claim for plan benefits under the Employee Retirement Income Security Act (“ERISA” or the “Act”), and requires the Plan and Plan Administrator to follow all relevant claims procedure regulations promulgated under Section 503 of the Act, including 29 C.F.R. § 2560.503-1. If this claim for benefits is wholly or partially denied, I request that any adverse benefit determination be made in accordance and within the time frame required by ERISA and regulations promulgated thereunder.

Employee Name: _____

GMIN: _____

Date of Hire: _____

Address: _____

City/State/Zip: _____

Employee Signature

Date