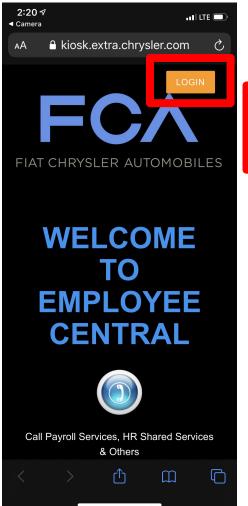
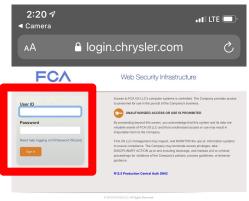


Scan QR or use this web address

https://fca.fyi/EmployeeCentral

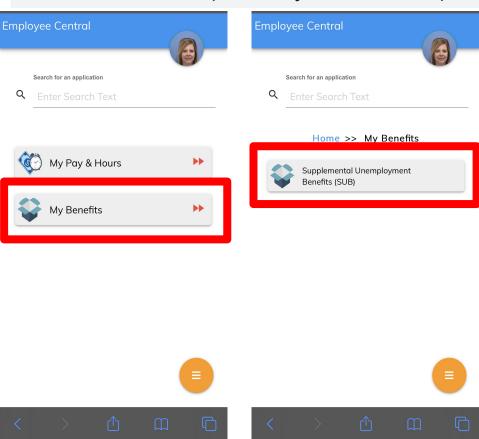








I don't have a Denial Letter SSB (State System Benefit) Instructions



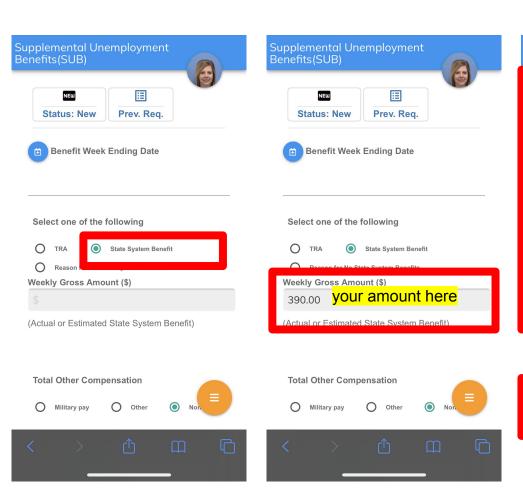
Supplemental Unemployment Renefits (SLIR)

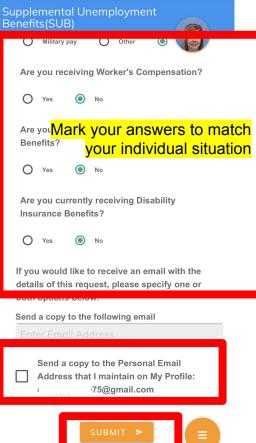
- 3. I was not eligible for, and wa claiming, any sickness, accident, or disability benefit or a pension or retirement benefit financed in whole or in part by the Company.
- 4. I was able to work and available for work.
- 5. If required by the State System or the Plan, I registered for work with the State System Employment Office and was seeking full time work

I certify that the information contained in this Application is correct and understand that my Supplemental Unemployment Benefit will be forfeited if I willfully misrepresent any material fact in connection with my Application for benefits under the Plan.

I hereby authorize and direct any Government Agency to which I made a claim for Unemployment Benefits (including UC, Extended Benefits, FSC, or TRA Benefits) for all or part of the period covered by this Application, to make available to FCA all records showing or related to, such claim and payment or denial thereof.

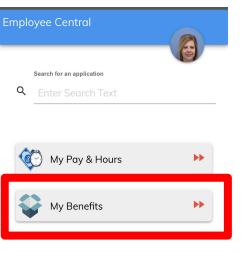


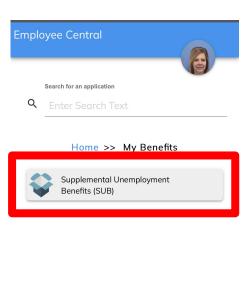


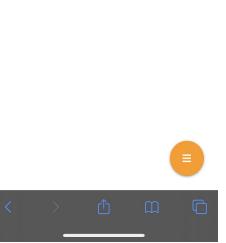




YES I have a Denial Letter Instructions







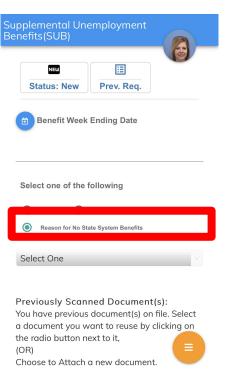
Supplemental Unemployment

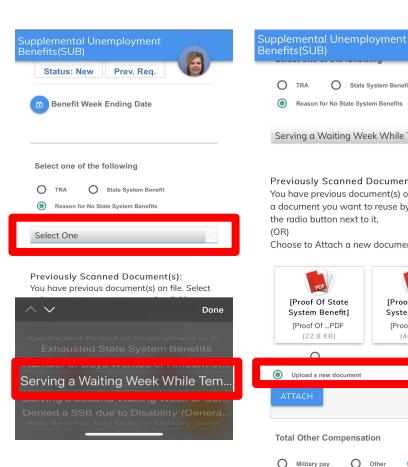
- 3. I was not eligible for, and was claiming, any sickness, accident, or disability benefit or a pension or retirement benefit financed in whole or in part by the Company.
- 4. I was able to work and available for work.
- 5. If required by the State System or the Plan, I registered for work with the State System Employment Office and was seeking full time work

I certify that the information contained in this Application is correct and understand that my Supplemental Unemployment Benefit will be forfeited if I willfully misrepresent any material fact in connection with my Application for benefits under the Plan

I hereby authorize and direct any Government Agency to which I made a claim for Unemployment Benefits (including UC, Extended Benefits, FSC, or TRA Benefits) for all or part of the period covered by this Application, to make available to FCA all records showing or related to, such claim and payment or denial thereof.









State System Benefit

Reason for No State System Benefits

Previously Scanned Document(s):

Choose to Attach a new document.

the radio button next to it,

[Proof Of State

System Benefit]

[Proof Of ...PDF (22.8 KB)

Upload a new document

Total Other Compensation

Military pay

O Other

(OR)

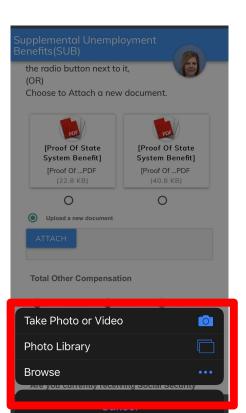
Serving a Waiting Week While Temporari

You have previous document(s) on file. Select a document you want to reuse by clicking on

[Proof Of State

System Benefit] [Proof Of ...PDF

> (40.8 KB) \bigcirc





Total Other Compensation

