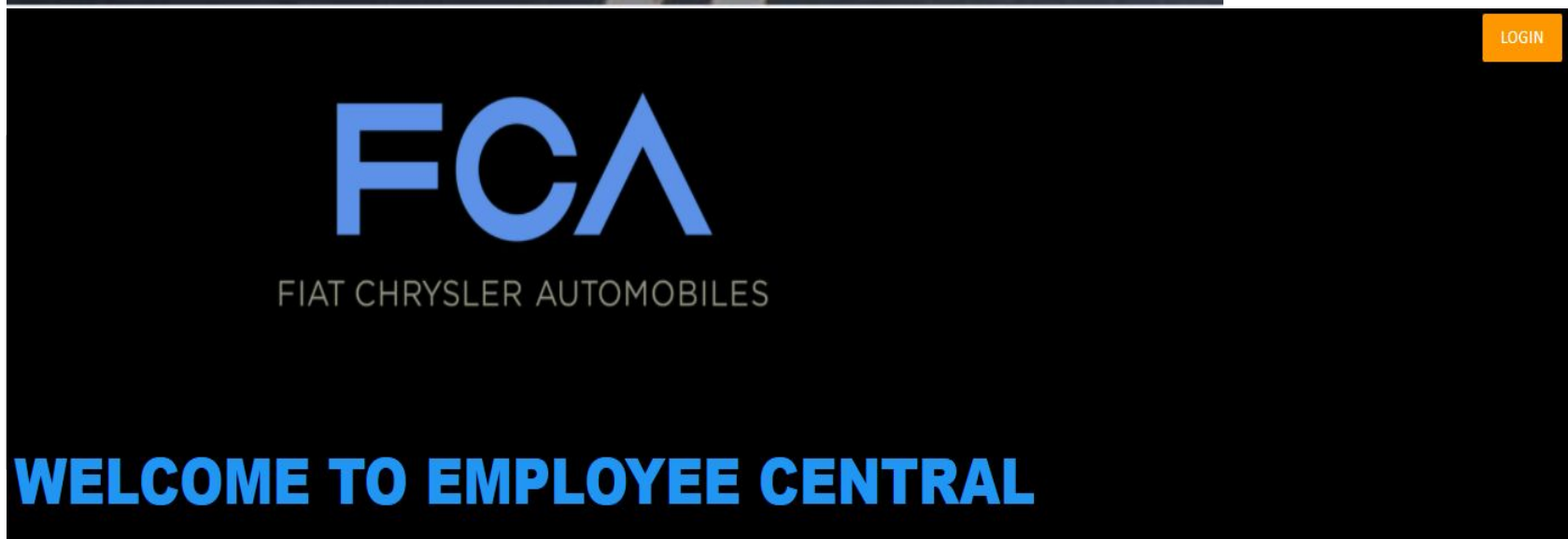
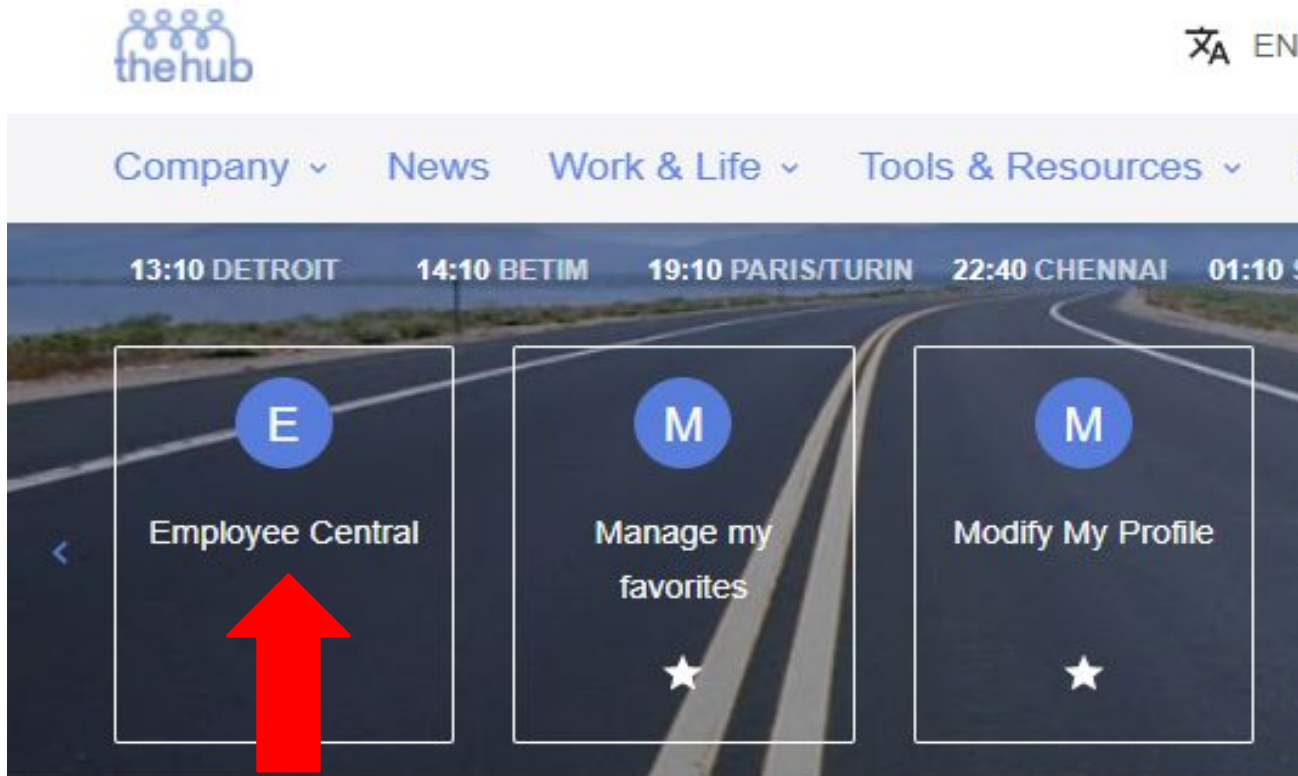


Log into the HUB and click on Employee Central



Enter your T-ID and HUB Password

Employee Central



FIAT CHRYSLER AUTOMOBILES

User ID

Password

Need help logging on?(Password Wizard)

Sign in

Search for an application

Q Enter Search Text



ePay Upgrade - What's New



My Pay & Hours



My Personal Information



My Human Resources



My Corporate Programs



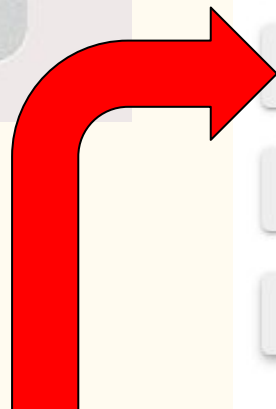
My Benefits



UAW Notifications



Help Documents



ONCE ENTERED CLICK ON "MY BENEFITS"

My Benefits

Search for an application



Enter Search Text

[Home](#) >> My Benefits



Sedgwick Claim Management Services



Benefit Connect



Supplemental Unemployment Benefits
(SUB)

Pick the one that says “SUB”

Read through this portion and then “AGREE”

Supplemental Unemployment Benefits(SUB)

NEW

Status: New



Previous Requests

Agreement:

To Applicant: Read carefully

I hereby apply for a weekly Supplemental Unemployment Benefit and I certify that with respect to the week covered by this Application

1. I was unemployed because I was laid off and I earned no wages or remuneration except as shown on the Application.
2. I did not receive and was not eligible for an unemployment benefit from another Employer.
3. I was not eligible for, and was not 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 US LLC all records showing or related to, such claim and payment or denial thereof.

MI, OH, IL Employees: Only enter State System Benefit denials into the kiosk, other entry into the kiosk is unnecessary.

Other States' Employees: Enter your SUB application **only after you have received your State System Benefit payment.**

If you are not eligible for Unemployment Benefits, you **MUST** apply for Pandemic Unemployment benefits (PUA), apply on your State Unemployment website.

If you did not receive a SUB benefit, refer to the eSUB tab in ePAY; SUB payments are made only if your State Unemployment payment is less than your SUB Benefit amount.

I AGREE >

After you selected “Exhausted State Benefits” You will have to select the week ending on the calendar for the week that you are filing for SUB (the week ending is always a Saturday). This will have to be done **EVERY WEEK!!** You can only file for SUB once the week has passed.

The screenshot shows a web interface with two buttons at the top: "Status: New" (with a "NEW" badge) and "Previous Requests" (with a calendar icon). Below these is a section titled "Benefit Week Ending Date" which is highlighted with a red hand-drawn box. Underneath is a calendar for August 2021. The calendar has a header with "Aug" and "2021" and a table of days from Monday to Sunday. The date 14 (Saturday) is highlighted in grey. Below the calendar is a label "Previously Scanned Document(s):".

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Hopefully you scanned your UI Finding sheet by now. If you haven't make sure you do.

Once chosen, you will have to “Select One”, picking “Exhausted State System Benefits”

Supplemental Unemployment Benefits(SUB)

NEW

Status: New



Previous Requests

Benefit Week Ending Date

Select one of the following

- State and Federal System Benefits
- Reason for No State System Benefits

SELECT ONE

Select One

Select One

Insufficient Period of Employment or Earnings

Exhausted State System Benefits

FCA Pay is Disqualifying (Payouts and Bonuses)

Serving a Waiting Week While Temporarily Laid Off Out of Line of Seniority

Serving a Second Waiting Week or Serving a Waiting Week During a Volume Related Layoff

Refused a Work Offer that the Employee had an Option to Refuse

Denied a SSB due to Disability (Generally Applies to Code 57)

Was Serving Jury Duty or Military Service

Receiving or Eligible for a Statutory Retirement or Disability Benefit

Disabled or Retired for Part of the Week

Denied due to late filing (Estimated SSB offset)

Contrary to the Intent of the Plan (Requires Approval from Corp. ER).

Previously Served
You have previously
(OR)
Choose to Attach

[Proof of Service]

[Proof of Service]

Upload a document

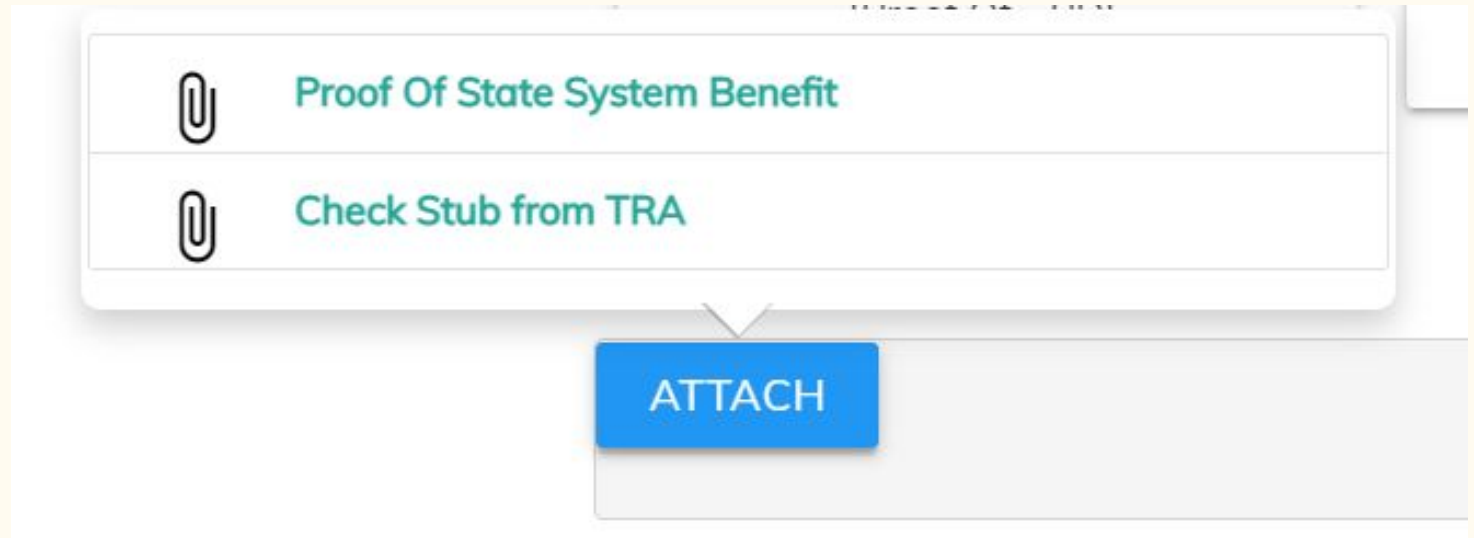
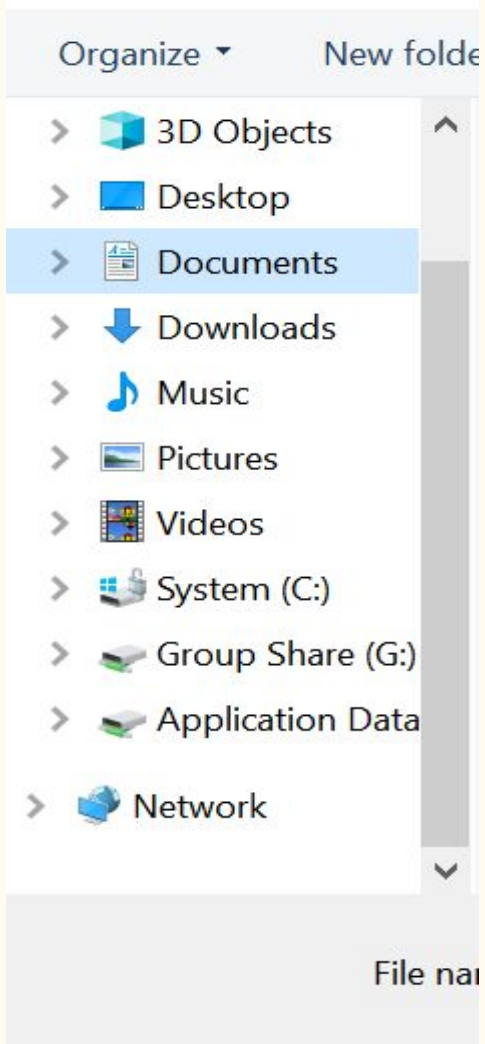
This last part is a bit tricky. The best option is to do it from a computer. You must be able to upload your document to a PDF or saved picture.

The screenshot shows a web form titled "Supplemental Unemployment Benefits(SUB)". At the top, there are two buttons: "Status: New" with a "NEW" badge and "Previous Requests" with a list icon. Below these is a section for "Benefit Week Ending Date" with a calendar icon. A horizontal line separates this from a section titled "Select one of the following". There are two radio button options: "State and Federal System Benefits" and "Reason for No State System Benefits". The second option is highlighted with a red rectangular box.

The 1st question to answer is.....

”Reason for no State System Benefits”

Once you click “attach” you can select “Proof of State System Benefit” You can select the picture or PDF in your documents



Select your IDES form showing you exhausted your benefits.

After attaching your form answer the following questions:

 Upload a new document

ATTACH

Total Other Compensation

Military pay Other None

Are you receiving Worker's Compensation?

Yes No

Are you currently receiving Social Security Benefits?

Yes No

Are you currently receiving Disability Insurance Benefits?

Yes No

If you would like to receive an email with the details of this request, please specify one or both options below:

Send a copy to the following email

Enter Email Address

Send a copy to the Personal Email Address that I maintain on My Profile: **I'mawesome@gmail.com**

SUBMIT 

Once you have finished. It will ask you to double check your claim and then click ok.

Supplemental Unemployment Benefits(SUB)

Yes No

Are you currently receiving Social Security Benefits?

Your form is not yet submitted, please verify the below information. If you believe it to be correct, click the 'OK' button to send your request to the appropriate department. If you wish to edit any of the following information, please click on 'Cancel'.

- Benefit Week Ending Date:08/28/2021
- Reason for No State System Benefits: Exhausted State System Benefits
- Receiving Worker's Compensation: No
- Receiving Social Security Benefits: No
- Receiving Social Security Disability Benefits: No

OK CANCEL

Request Saved Successfully!

Thank you! The SUB Card Request had been submitted successfully.

GO HOME VIEW PREVIOUS REQUESTS

When you are finished you should see that it was saved successfully!