

# Sub Pay Information

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Laid off employees with two or more years of service as of the date of layoff are eligible for sub pay. In order to receive sub pay you need to apply for unemployment and submit a sub pay form (other side) to payroll **after you are paid unemployment**. Sub pay is a bi-weekly check mailed directly to your home; direct deposit is not available.

**When submitting the sub pay form, you must also provide documentation of the amount of unemployment you received (even if the amount is zero due to receipt of other income). Acceptable documentation includes:**

- Bank statement or print out with all information crossed out except for name of the bank, your name, the description (i.e., State of Michigan), the amount of the deposit and the date of the deposit. Please remember **YOUR** name must be on the account statement or print out; or
- Unemployment debit card statement with all information blacked out except for your name, date, and amount of the unemployment deposit; or
- Other official documentation from unemployment containing the above information.

## **What do I need to claim when I contact Marvin?**

You **MUST** claim the **GROSS** wages (total wages before deductions) for:

- Any **Vacation, Personal Day, or Floating Holiday** taken during the week you are certifying for unemployment. For example: Joe Anywho's vacation rate for 2016 is \$33.73 and his vacation hours are 9.30. Joe requests a vacation day during lay off for July 15th, 2016. If Joe decided to claim that week, he would report \$313.69 ( $33.73 * 9.30$ ) when certifying to Marvin for the week ending July 16<sup>th</sup>, 2016. NOTE: If Joe chose not to claim that week, he would **not** be entitled to SUB.
- **Safety Bonus** – the week in which you receive this payment. For example: Joe receives his safety bonus on July 20<sup>th</sup>, 2016. When certifying to Marvin for the week ending July 23<sup>rd</sup>, 2016 he would report the gross earnings received for his safety bonus.

You **DO NOT** have to claim:

- **Profit Sharing**

**Other payments:** If you make a payment to the Marquette County Friend of the Court (child support) or garnishment payments they will continue to be deducted from your sub pay. If you make these same types of payments to an agency outside of Marquette County you will need to contact the agency you work with to make arrangements for payment.

If you have a Fidelity 401k loan payment you must set up payments directly with Fidelity as our system cannot process these payments when you are not receiving a regular Company pay check.

## **Ways to submit sub pay form and documentation:**

- Fax: 906-475-3472
- Email: MI\_Payroll@cliffsnr.com
- Mail: Cliffs Michigan Operations, P.O. Box 2000, Ishpeming, MI 49849 Attn: Payroll

Please be aware that if Cliffs Michigan Operations does not timely receive your sub pay form with adequate documentation this will delay receipt of your sub pay check.

Empire Iron Mining Partnership and Tilden Mining Company L.C.

Supplemental Unemployment Benefit Plan

COMPLETE IN INK - PLEASE PRINT

Employee No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Benefit Year Beginning (Month, Day, Year): \_\_\_\_\_

Initial S.U.B. Claim:  Continued S.U.B. Claim:  Number of Dependents (Excluding Employee): \_\_\_\_\_

**\*\*You must include the number of dependents on every application\*\***

**Unemployment Benefits**

**ATTACH PROOF OF ALL COMPENSATION/PAYMENT RECEIVED FOR BELOW CLAIMED WEEKS AND EXPLANATION**

Week Ending #1 \_\_\_\_\_ (Sat. Date)

Week Ending #2 \_\_\_\_\_ (Sat. Date)

Information from State Unemployment Compensation Check:

Amount of Check: \_\_\_\_\_ Date of Check: \_\_\_\_\_

**If you did not receive unemployment, answer the following questions:**

If you are not eligible for state unemployment benefits for the above weeks due to appeal or protest of state U.C. benefit, check this block

If you are not eligible due to disability check this block  if box is checked, please complete the following information:

Date of disability: \_\_\_\_\_

Has the mine nurse been contacted: \_\_\_\_\_

Are you receiving any state or federal disability benefit : \_\_\_\_\_

Have you exhausted your state unemployment benefits? \_\_\_\_\_

Did you not have sufficient employment to qualify? \_\_\_\_\_

**Certification**

I certify that, as of my date of layoff, I had two (2) or more years of continuous service and that during the weeks covered by this application, I was **LAI D OFF**, available for work, and maintained an active registration with my state employment service.

1. Did you, during the weeks covered by this application, earn any wages or other income from any employer or from self employment?

If you answered "Yes", enter gross amount and source:

Week 1: \_\_\_\_\_ Source: \_\_\_\_\_

Week 2: \_\_\_\_\_ Source: \_\_\_\_\_

2. Are you eligible for and claiming any sickness & accident or total disability or receiving a pension or retirement benefit? \_\_\_\_\_

3. Were you, during the weeks covered by this application, serving in the military pursuant to military orders, including training encampments of the National Guard or Reserve? \_\_\_\_\_ If yes, please attach a copy of your orders.

4. Have you refused any referral or offer of suitable work for weeks covered by this application? \_\_\_\_\_

5. Did you voluntarily leave any employment during the weeks covered by this application? \_\_\_\_\_

6. Were you paid any vacation during the weeks covered by this application? \_\_\_\_\_

7. Were you on FMLA for one or both of the weeks covered by this application? \_\_\_\_\_

If "Yes", specify week(s): \_\_\_\_\_

If you answered "Yes" to any of the questions, attach explanation and supporting documentation.

I hereby certify that the foregoing information is true and complete and I understand that my credit units may be cancelled and I may be subject to discipline, up to and including termination of employment, if I willfully falsify or withhold any material facts or documents to obtain benefits under the plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this Form with Proof of Unemployment or Exhausted Benefits and Other Earnings to your Payroll Department.