

2024 Verizon -CWA-IBEW 2213 NY/NE Regional & Local Work & Family

Tutoring Program Reimbursement Program



CWA

VERIZON

IBEW



Dependent Tutoring Reimbursement Guidelines:

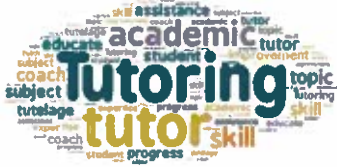
All NY/NE CWA/IBEW 2213 and Verizon Management employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- All employees will be eligible for a total reimbursement of \$1,000 a year per family for dependents receiving tutoring from an accredited program
- Tutoring Reimbursement is for Dependents from K through High School per calendar year
- Tutoring Reimbursement can be applied to K through 12th Grade for Academics, SAT and ACT Prep
- You must attach proof of payment for all costs incurred including name of learning center, individual tutor and/or course provider
- 2024 Reimbursement Forms must be returned and postmarked by January 10th, 2024. Payout will be in Employees April 25th paycheck

You must Attach a *COPY* of your Previous Year IRS 1040 FORM, Page 1, listing dependent(s) (married employees who file separately from their spouse must also attach a copy of their spouse's Previous Year IRS 1040). If you or your spouse is self-employed and filed income tax for your business, you must attach a copy of the Previous Year IRS Schedule C. REMOVE ALL SOCIAL SECURITY NUMBERS

Send form and receipts to:
NY/NE Regional Work & Family Committee
c/o Beverly Steele-Fund Administrator
120 Hicksville Road, Room 200-A Massapequa N.Y. 11758

2024 Verizon/CWA/IBEW 2213 Dependent Tutoring Reimbursement Program



Please Print Clearly and Complete Entire Form

You MUST attach a copy of detailed proof of payment. Only original proof of payment will be

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Employee ID _____ Email: _____ Cell Phone: _____

Work Address: _____

CWA Local (write local #) _____ IBEW Management

Dependents Name(s): _____

st Name(s) of Tutoring Program(s): _____

Effective Start/Completion Date: _____

I, (Print Name) _____, request reimbursement for the eligible Dependent Tutoring expenses listed above. My signature signifies I have read the criteria of the Dependent Tutoring Reimbursement Program and I agree to abide by them.

By signing and submitting the application, I certify that the information that I have provided on this form is true and accurate. I further understand that supplying false information on this form may jeopardize my continued participation in the NY/NE Work & Family Fund.

Employee Signature: _____ Date: _____

Send form and receipts to:

NY/NE Regional Work & Family Committee c/o: Beverly Steele Fund Administrator
120 Hicksville Road, Room 200-A Massapequa N.Y. 11758