Verizon CWA IBEW 2213
REQUEST FOR SUMMER CAMP REIMBURSEMENT*
2014

***Deadline October 10, 2014. Use one form per dependent. Up to two (2) dependents per family.**

Employee Name: ______ (Last Name) ______ (First Name)		Employee ID # : VZ ID # :	
Home Address:	City :	State :	Zip :
Home Telephone # :	Personal Cell # :		
Work Address:	City :	State :	Zip :
Work Telephone # :	Work e-mail Address :		

Check one of the below boxes to indicate your affiliation with Verizon

☐ CWA LOCAL # : ______	☐ IBEW 2213	☐ MANAGEMENT	☐ OTHER ______
Dependent Name :		Dependent Date of Birth* :	Age** :

**Reimbursement for dependent children ceases on the last day of the month prior to the month the child turns 15 years old.

EMPLOYEE SECTION

Employees must submit this request for reimbursement of summer camp expenses by Friday, October 10, 2014

Session One Camp Expense
6/22/2014 through 7/26/2014

Date attended

from ______ **to** ______

cost $ ______

Attach proof of payment to back of form.

☐ **Day Camp** ☐ **Sleep Away Camp**

Session Two Camp Expense
7/27/2014 through 8/31/2014

Date attended

from ______ **to** ______

cost $ ______

Attach proof of payment to back of form.

☐ **Day Camp** ☐ **Sleep Away Camp**

I certify the accuracy of the above information.

Employee Signature: Date:

CAMP PROVIDER COMPLETE AND PLEASE SIGN BELOW

Camp Name:	Camp Phone # :		
Camp Address :	City :	State :	Zip :
Tax ID # :	Provider's SS # :	Registration # :	

Provider's or Authorized Signature : ______ Date : ______

See reverse for instructions for completion of this form

NY/NE Work & Family Committee

revised 5/2014

How to complete this Reimbursement form

One form per provider. One form per child. Only original signatures will be accepted on forms. Photocopies or faxed copies will not be accepted unless requested by Fund Administrator.

The Employee and Care Provider must sign and complete the appropriate section of this form. Only original receipts, a copy of cancelled check, bank statement, money order or credit card statement are acceptable.

Employee requests for summer camp reimbursement must be POSTMARKED no later than the October 10, 2014.

Return this Monthly Reimbursement Form via Regular U.S. MAIL to:

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

Appeal Process

(Summer Camp Reimbursement)

Appeals must be submitted in writing to the NY/NE Regional Work and Family Committee by U.S. Mail to the address indicated above.

Enclose all necessary documentation to substantiate your appeal. Your appeal must be received by the committee within 45 days of non payment of your dependent care expense.

Only appeals postmarked on or before 12/15/2014 will be reviewed.

You may direct your questions to Fund Administrator Beverly Steele via e-mail or by calling your Local's Work and Family Committee Member.

Request for reimbursement must be postmarked on or before October 10, 2014.