

**2024** 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.

- 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 12<sup>th</sup> 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 post marked by January 31<sup>st</sup> 2025. Payout will be in Employees February 28<sup>th</sup> pay check

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

**If employee is separated or divorced and your child is not on your taxes but you pay for your child's tutoring classes, then you are eligible for this reimbursement program.**

**A copy of the child 's Birth Certificate will be accepted.**

**Disclaimer:** While the Regional Work & Family Committee intends to continue with this program, the Regional Work & Family Committee reserves the right to terminate or amend the plan at any time funds are anticipated to be depleted.

**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 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 accepted.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee ID \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

CWA Local (write local #) \_\_\_\_\_  IBEW  Management

Dependents Name(s): \_\_\_\_\_

List 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 Work & Family Fund as well as possible disciplinary action from the company.

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

Send form and receipts to:

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