



2016 Summer Camp Enrollment Application

IBEW 2213 / CWA / Verizon NY/NE Work Family Committee

Complete ALL information. Please print clearly or type. (Please do not use RED ink)

Employee Name _____ Employee ID # _____

I am (check one) CWA Local Number _____ IBEW 2213 Management

Home Address _____

City _____ State _____ Zip Code _____

Work Address _____ NCSID _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____

E-mail _____ Marital Status (circle one) Single Married Divorced

Do you participate in the Dependent Care Reimbursement Fund (DCRF)? (circle one) Yes No

If YES please provide name of your dependent. _____

(You can NOT participate in both DCRF and Summer Camp at the same time!)

Employee Authorization:

I, (Print Name) _____ have read the 2016 Summer Camp Program rules and agree to abide by them. By signing and submitting this application, I certify the information I have provided is true and accurate. I understand that supplying false information may jeopardize my participation in the Summer Camp Program.

Employee Signature (original) _____ Date: _____

Best telephone number to reach you on: _____

Applications must be postmarked no later than Friday, August 26, 2016 - No exceptions!

Mail your application to:

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

2016 Request for Reimbursement

Complete one reimbursement form per dependent per camp.

Employee Name _____ Employee ID # _____

Name of Dependent _____ DOB _____ Age _____

Type of Summer Camp (Circle one) Summer Day Summer Over Night Camp

Camp Name _____ Camp Tax ID # _____

Camp Address _____

Camp Phone Number _____

Amount Paid for Camp: (not to exceed \$600 per child) \$ _____

Camp Director Authorization: Print Name: _____ Date _____

Camp Director Signature _____

(must be original signature/stamped signatures not accepted)

Note: If your child attended more than one camp, please submit "Request for Reimbursement" for each camp.

To ensure prompt payment the following must be submitted with this form:

- 2015 - W2 (self and spouse)
- 2015 - IRS form 1040 (self and spouse)
- Completed application
- Completed reimbursement form
- Proof of Payment

Noted below are the only acceptable proof of payment:

- ACH payment receipt
- Cancelled Check
- Cancelled Money Order receipt
- Credit Card Receipt

Application, Tax documents, Request for Reimbursement and Proof of Payment must ALL be submitted together at the time of Enrollment and must be Postmarked no later than Friday, August 26, 2016.

Incomplete information will not be processed and will be returned.

If you have any questions, please contact your Local Work and Family Committee Member
a list is provided for you @ www.regionalwfrc.com
Application Updated June 27, 2016