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CWA

IBEW

**NY/NE REGIONAL WORK AND FAMILY
HIGH SCHOOL STUDENT DRIVER EDUCATION
PROGRAM**



2024



High Student Student Drivers Education Enrollment Guidelines:

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

- All employees will be eligible for a total reimbursement of \$600 per child dependent who is currently in High School and **enrolled in a High School Drivers Education Program.**

******Students must be enrolled in a High School Drivers Education Program to qualify for this reimbursement. ******

- You must show the current year's proof of High School Enrollment and Driver's Ed Class attending.
- You must attach proof of payment for the current Driver's Education Enrollment program for costs incurred.

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 an employee is separated or divorced and your child is not on your taxes but you pay for the Driver's Education program, then you are eligible for this reimbursement.

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



High School Student Drivers Education Reimbursement Form

2024

Please Print Clearly and Complete Entire Form

Last Name: _____ First Name: _____

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

Employee ID _____ Email: _____ Cell Phone: _____

Work Address: _____

CWA Local (write local #) _____ IBEW Management

High School Student Dependent(s) Name: _____

Name of High School Dependent(s) Attend: _____

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

I, **(Print Name)** _____, request reimbursement for the Eligible Dependent High School Driver's Education Program listed above. My signature signifies I have read the criteria of the 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 suppling 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:

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