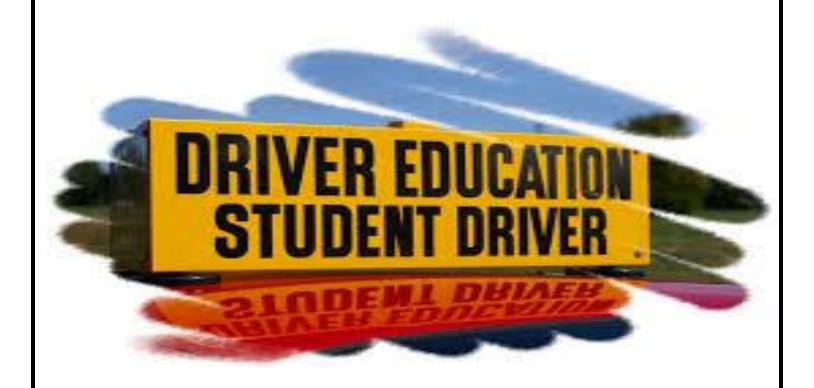
verizon /

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

Last Name:	First Name:		
Address:	City:	State:	Zip:
Employee ID	Email:	Cell Pho	ne:
Work Address:			
CWA Local (write local #)	IB		ent
High School Student Depend	ent(s) Name:		
Name of High School Depend	dent(s) Attend:		
You MUST attach a copy	of detailed proof of payment.)nly original proof of p	payment will be accepted.
the Eligible Dependent H have read the criteria of By signing and submitting is true and accurate. I fu	ligh School Driver's Education P the program and I agree to abion ng the application, I certify that orther understand that suppling in the NY Work & Family Fund	rogram listed above. Ne by them. the information that a false information on	My signature signifies I I have provided on this form this form may jeopardize my
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