

NY/NE Regional Work & Family Defensive Driving Program



Enrollment guidelines:

All NY/NE CWA/IBEW 2213 Verizon employees are eligible for enrollment including CWA Local's 1395, 1302 and 1400.

- All employees and dependents will be eligible for up to \$100 dollars reimbursement for costs incurred enrolled in a defensive driving course.
- Download an enrollment application at regionalwfr.com located under the NY/NE Defensive Driving Program page.
- Attach a copy of the defensive driving certificate including name of company (agreement must indicate the billing party and employees' name and/or employee's dependents name) to your reimbursement application and mail via U.S. Mail to:
- You must Attach a COPY of your Previous Year IRS 1040 FORM, Page 1, listing dependent(s) (married employees who file separately from their spouse must also attach a copy of their spouse's Previous Year IRS 1040). REMOVE ALL SOCIAL SECURITY NUMBERS.
- If an employee is separated or divorced and your child is not on your taxes, you are eligible for this reimbursement program. A copy of the child 's Birth Certificate will be acceptable

Mail All Required Documentation to:

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

- Defensive Driving Reimbursement is for **employee and dependents.**
- Employees are eligible to participate in the DCRF, Pendant and Health and Wellness programs at the same time.
- Reimbursement will be on the first payroll week of April, July, October, and January depending on when reimbursement request is received by fund administrator.

Eligibility for reimbursement terminates upon termination of employment with Verizon. Verizon and CWA/IBEW retain the right to change eligibility requirements or amount of reimbursement as well as any other provision, including discontinuation of the program at any time.

Contact your Local Union Representative with any additional questions.

CWA/ IBEW 2213/ NY/NE Regional Work and Family Committee

Complete ALL information

Your application **WILL NOT BE PROCESSED** if any information is missing. Please print clearly

| | | |
|--|--|--|
| Employee Name: | | |
| Employee ID (found on paystub) | Enterprise ID(found on VZ WEB) | |
| Home Address: | | |
| Street: | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | |
| Email: | | |
| Work Address: | | |
| City: | State: | Zip Code: |
| Choose 1: | <input type="checkbox"/> CWA Local _____ | <input type="checkbox"/> IBEW 2213 <input type="checkbox"/> Management |
| Type of course: | <input type="checkbox"/> online <input type="checkbox"/> in person | |
| Defensive Drivers Providers Name: | | |
| Providers Address: | | |
| Providers Phone Number: | | |
| Cost of Defensive Driver Course: | | |
| Defensive Driver Course is for: <input type="checkbox"/> Employee <input type="checkbox"/> Employee/ Dependents | | |
| Defensive Driver Course Effective Date: | | |
| Defensive Driver Course Expiration Date: | | |
| You MUST attach a copy of a detailed proof of payment. Only original proof of payment will be accepted. | | |
| I, (Print Name) _____, request reimbursement for the eligible Defensive Driver Course expenses listed above. My signature signifies I have read the criteria of the Defensive Driving Reimbursement Program and I agree to abide by them. By signing and submitting 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 for may jeopardize my continued participation in the NY/NE Work & Family Fund | | |
| 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