



NY/NE Work & Family Committee 2026 Updates!

	Dependent Care Reimbursement <ul style="list-style-type: none">• \$100 per week per family• Must be postmarked by 2nd Friday of following month	
	Pendant Program - up to 2 per member ~ \$60 per month - paid quarterly	

Paperwork must be submitted electronically to: verizon.benefits.team@verizon.com

- Please put program name in the subject field.

Appeal Process:

Appeals must be received within 45 days of your written notification of denial of enrollment or within 45 days of a denial of reimbursement for expenses.

Appeals must be submitted to: verizon.benefits.team@verizon.com

- Please put: **Appeal in the subject line of the email**
- You must attach all necessary documentation when filing an appeal.
- Include a valid reach number and current e-mail address for a response.

Verizon Corp and CWA NYNE/IBEW Local 2213 reserve all rights to alter or modify all eligibility requirements for this "program" or any other "Work and Family reimbursement programs", including but not limited to the amount(s) paid for the reimbursement, eligibility of applicants, proof of payment and all other provisions of this "program" or any other "Work and Family reimbursement programs", including the decision to discontinue this "program" or any other "Work and Family reimbursement program" at any time.

For more information on these programs please contact your local work and family committee member!