



CWA

IBEW

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



2024



High School Student Drivers Education Enrollment Guidelines:

All NY/NE CWA/IBEW 2213 and Verizon Management employees are eligible for enrollment including CWA Local's 1395, 1302 and 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 High School Driver's Education Enrollment program for costs incurred.
- Reimbursement will be made quarterly on the last payroll week of April, July, October and January depending on when reimbursement request is received by the fund administrator.
- 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

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



Verizon CWA -IBEW -2213

NY/NE Regional Work & Family

High School Student Drivers Education Reimbursement Form

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 supplying false information on this form 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

6/12/24