

NY/NE Regional Work & Family Defensive Driving Program



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 \$100 for costs incurred enrolled in a defensive driving course for employee and dependents. (\$100 is maximum amount of reimbursement)
- Download an enrollment application at regionalwfrc.com located under the Defensive Driving Program Link.
- 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 dependents (married employees who file separately from their spouse must also attach a copy of their spouse's Previous Year IRS 1040). If you or your spouse is self-employed and filed income tax for your business, you must attach a copy of the Previous Year IRS Schedule C.
REMOVE ALL SOCIAL SECURITY NUMBERS

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 last 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.



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Complete **ALL** information

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

Employee Name:	Dependents 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"/> I B E W 2213	<input type="checkbox"/> Management
Type of course:	<input type="checkbox"/> o n l i n e	<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 form may jeopardize my continued participation in the NY/NE Work & Family Fund			
Employee Signature			Date:

Send form and receipts to:

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c/o Beverly Steele, Fund Administrator
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Massapequa N.Y. 11758