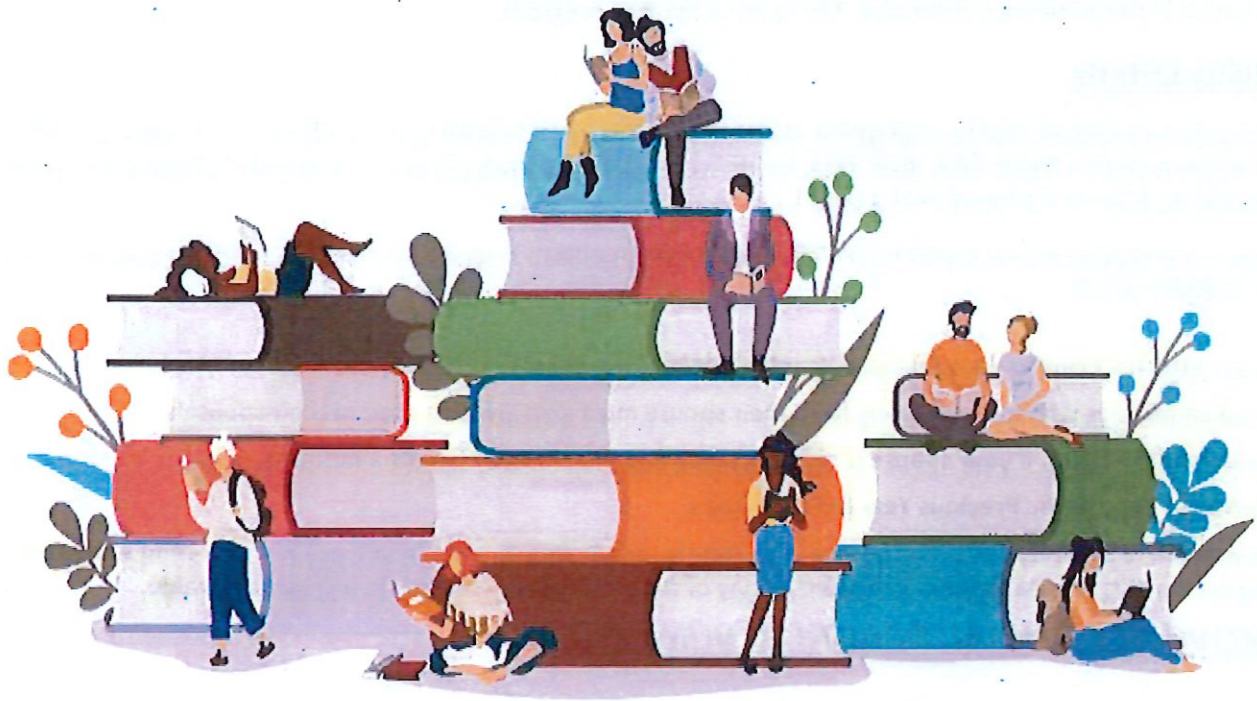


NY/NE Regional & Local Work & Family Educational Reimbursement Program

2025



verizon^v

CWA

IBEW

10-14-2025



Policy Statement

Recognizing the mutual benefits derived from continued education and increased work competence, the joint NY/NE Work and Family Committee wishes to establish a reimbursement program to enable covered employees and their eligible dependents to defray the costs associated with textbooks/course materials related to secondary education. Participation in this program is voluntary. **This is not a tax-free program.**

Eligibility Criteria

To participate, an employee must be employed at Verizon in a capacity that is covered by the NY/NE Work and Family Committee. The employee must be a NY/NE CWA, IBEW 2213, NY/NE Service Company employee or Verizon NY/NE management employee employed at the time the reimbursement is sought.

Management employees are not eligible for this Educational Reimbursement Program, only their respective dependents who meet the current eligibility criteria

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.

If an employee is separated or divorced and your child is not on your taxes, but you pay for your child's education, then you are eligible for this reimbursement program. A copy of the child's Birth Certificate will be acceptable.

REMOVE ALL SOCIAL SECURITY NUMBERS

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.

Areas of Study Which Qualify for Payment

The following types of secondary educational courses (beyond high school) and qualifying costs are covered up to the biannual maximum limit when offered by an eligible educational institution that is accredited by an agency listed below:

- JOB-RELATED STUDIES from which knowledge can be gained that will enable the dependent to seek employment post-study.
- CAREER-RELATED STUDIES that prepare for advancement in the dependent's current field or a field in which the dependent may seek employment in the future.
- DEGREE RELATED STUDIES which are part of an approved job-related or career-related degree including individual non-job related and non-career-related courses which are part of the approved degree program.
- TECHNICAL/VOCATIONAL STUDIES that may enable the dependent to learn a trade or seek employment in a trade in the future.

Approved Educational Organizations

The course of study must be at an educational institution accredited by one of the organizations listed in Appendix A of Verizon Tuition Assistance Plan for Mid-Atlantic and Northeast Associates. For technical/vocational studies, there must be accreditation from a national organization such as the Accrediting Commission of Career Schools and Colleges (ACCSC) and the Council on Occupational Education (COE).

Covered Expenses

Required textbooks/course materials as well as anything needed under the course syllabus to pass the course including shipping and handling **(ex: Major specific-nursing supplies, architecture etc.) may be reimbursed under the program. You will need to provide proof that any expenses is a requirement for the program from the school, I.E.- the syllabus.**

Reimbursement Amount

Each employee will be eligible to seek reimbursement for up to \$500 in covered expenses, per calendar year. Expenses incurred in the calendar year 2025 can be submitted for reimbursement no later than January 9th, 2026. Reimbursements will be tentatively on May 29th, 2026.

Each employee is eligible for up to \$500 in reimbursement per annual period, regardless of the number of eligible dependents. The \$500 may be attained by aggregating expenses across multiple dependents. Expenses incurred in one year and not reimbursed cannot be carried over for reimbursement in a subsequent year.

- The administrator will require reasonable documentation of expenses in order to process reimbursement, including documentation of eligible expenses and related enrolled course that the expense supports. Documentation submitted for reimbursements must be in the name of the employee and/or eligible dependent(s). **Employees must include a document from the school stating that the child attends that school.** This might include documentation of course enrollment or student transcript along with materials expenses that reasonably supports that course enrollment.

Participation in this program is voluntary and only one Verizon employee per household can apply for this reimbursement program.

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.

2025 NY/NE Educational 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

Dependents Name: _____ Type of course (✓ one) _____ online _____ in person

Name of Continued Education:

Student Major:

(Ex: Nursing, Finance, etc.) _____

Educational Expense is for: Employee Dependents

Effective Start Date: _____

Effective Completion Date: _____

******Please list any other cost associated with the course below including book titles-must include BOOK TITLES******

Description-Title of Book(s)	Cost

Employee Signature: _____

Date: _____

Please submit all invoices and proof of payment to support your reimbursement request as well as page 1 of your IRS-1040 tax form.

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 supplying false information on this form may jeopardize my continued participation in the NY Work & Family Fund as well as possible disciplinary action from the company

PLEASE WRITE NAME OF REIMBURSEMENT PROGRAM ON ENVELOPE

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

Please write program you are requesting reimbursement for on the bottom left of the envelope.