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# IBEW/FairPoint

# Northern New England Work and Family Committee

# Kindergarten Reimbursement Program

# Taxable Reimbursement Program

2013 - 2014

#### Public / Private School



# IBEW/FairPoint

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# Kindergarten Program

# Taxable Reimbursement Program

The Northern New England Work and Family Committee understand the difficulties families face. In many cities and towns, half-day kindergarten is provided by the public school system. If your child were to attend a full day program in the public school, parents are faced with tuition for the remaining half-day. We want to ease your financial obligation so your kindergartener can attend private or public school.

The full or half-day Kindergarten program runs for the school year, September, 2013 - June 2014. This program is for your kindergarten children. The Northern New England Work and Family Committee will reimburse up to $2,700.00 per year.

**The monies you are reimbursed for are taxable.**

## Eligibility Requirements

* You must be a member of IBEW or NNE management working in ME, NH or VT.
* CWA employees are not eligible for this program
* You must have a total household income of less than $ 125,000 for year 2012
* The program is for your dependents listed on your tax return
* You must have incurred kindergarten tuition expenses
* **You cannot participate in both The Dependent Care Reimbursements Fund (DCRF) and Kindergarten Reimbursement for the same dependent.**

Kindergarten School Eligibility

School must be an accredited private or public school where you are required to pay for a full or half- day of kindergarten.

How do I apply?

You can obtain an application by going to the FairPoint employee portal, under shortcuts click on Work & Family or from your local union website. You may also contact the NNE Work & Family at 1-207-535-4156 or by e-mailing julie.dawkins@fairpoint.com.

* Complete the application in full
* Have school administration office sign the application after the payment has been made
* Attach receipts or canceled checks to the application
* Send a copy of your 2012 1040 Federal tax return (dependents name must be on your tax return)
* If your child’s name is not on your tax return because of a recent adoption, please attach adoption documentation.
* Send 2012 employee W2 (must be a FairPoint employee).

How much am I reimbursed?

You may be reimbursed up to $2,700.00 per year. Complete your application and return along with your 2012 Federal tax return, W2 and receipts for Kindergarten school tuition. If you pay installments you may submit receipts throughout the school year. **The payout will be twice a year.** Applications must be received no later than January 24, 2013 (for September thru December) and June 20, 2014 (for January thru June). Your reimbursement will be included your paycheck.

IBEW and FairPoint retain the right to change the eligibility requirements or amount of reimbursement as well as any other provision of the program.

Eligibility for reimbursement terminates upon your termination of employment with FairPoint.

ONLY complete applications will be considered.

**PLEASE NOTE:**

**This is a Taxable Kindergarten Reimbursement Program**

IBEW/Fairpoint Northern New England Work and Family Committee

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Complete **ALL** information. Your application **WILL BE RETURNED** if any information is missing. Please print clearly or type.

|  |
| --- |
| Employee Name Employee ID # |
| **Home Address** |
| City State Zip Code |
| Home Phone |
| **Work Address** |
| City State Zip Code |
| Work Phone Cell Phone |
| Email |
| Are you on Leave? Yes No If so what type Dates of Leave |
| **Circle and fill in local** IBEW Local \_\_\_\_\_\_\_\_\_\_\_\_\_ Management |
| **Do you participate in the Dependent Care Reimbursement Program? NO YES**  If yes please name your dependents in the program   |  |  | | --- | --- | |  |  | |  |  | |
| **1) Dependent Full Name DOB Age** |
| **School Name** |
| Please circle Private Public school |
| School ‘s Address |
| School’s Phone Number |
|  |
| Cost of the public/private school kindergarten per school year |
| Do you pay installments? |
| If so how much How many installments |
| School Principal /Administrative Office Signature Date |
| **(Attach receipts and/or cancelled checks)** |

You MUST attach a copy of your 1040 and W2 for year 2012, receipts and/or cancelled checks before sending. Only applications submitted with 1040, W2, cancelled checks and/or receipts will be paid.

**Employee Authorization:**

I, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am requesting reimbursement for the expenses listed above. I have read the criteria of the Kindergarten Reimbursement Program and agree to abide by them and my signature signifies I abided by the criteria. I certify that all the information I have provided on this form and in the attachments is accurate.

|  |
| --- |
| Employee Signature Date |

**Send this form and attachments to:**

Northern New England Work & Family

Attn: Julie Dawkins

1 Davis Farm Road

Portland, ME 04103