

Tuition Assistance Application for Reimbursement



Children's Hospital Boston

Once you have completed your course and received your grade, you may submit this completed Application for Reimbursement along with the required documentation to:

Crosby Benefit Systems, Inc.
PO Box 929125, Needham, MA 02492-9125
or via fax (617) 928-0001.

All requests must be received by Crosby within 90 days of the last official day of classes for the semester. If requests are not received within this timeframe you will not be eligible for reimbursement. Refer to the Reimbursement Instructions on the reverse side for more information.

Questions? Contact Crosby Customer Service at (617) 928-0700 or by email to servicecenter@crosbybenefits.com.

You are eligible for tuition assistance if you are a regular employee scheduled to work at least 16 hours per week and actively employed on the first and last official day of class. Fellows, House Staff and Joint Appointees are not eligible for tuition assistance.

Tuition Assistance Program Reimbursement maximum per calendar year:	
Regular employees scheduled to work 30 or more hours per week	\$5,000
Regular employees scheduled to work 16 – 29.9 hours per week	\$2,000

Note: You will be reimbursed with the calendar year dollar amount associated with the date your class begins. For example, if your class begins in October 2009, you will be reimbursed from the 2009 calendar year amount available to you.

Part 1. EMPLOYEE INFORMATION			
Last name _____	First name _____	Employee ID # _____	
Department _____	Supervisor _____		
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	Hours scheduled per week _____	Date of hire _____
Tel. ext. _____	Work email _____		
Home address _____			
Part 2. COLLEGE/SCHOOL INFORMATION			
College/school _____			
Address _____			
Degree sought (if applicable) _____		Major (if applicable) _____	
Course title #1 _____	Start date ____/____/____	Semester end date ____/____/____	
Course credits _____	Cost per credit \$ _____	Cost of course \$ _____	Grade _____
Required textbook(s)* _____	Cost of book(s) \$ _____	Total cost \$ _____	
Course title #2 _____	Start date ____/____/____	Semester end date ____/____/____	
Course credits _____	Cost per credit \$ _____	Cost of course \$ _____	Grade _____
Required textbook(s)* _____	Cost of book(s) \$ _____	Total cost \$ _____	
* Please attach receipt(s) and course syllabus for textbook reimbursement.			
Please give specific reasons for taking the course as it relates to your present work or future career at the hospital: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Part 3. SIGNATURES			
I understand the Tuition Assistance Program conditions and requirements. I understand that (a) only tuition, required textbooks and course related fees are eligible; and (b) I must submit proof of tuition payment and successful completion within 90 days of the last official day of classes for the semester, along with this application.			
Your Signature _____			Date _____
As the applicant's supervisor, I certify that the applicant is in good standing with Children's Hospital Boston and actively employed on both the first and last official day of the semester. I have reviewed the employee's statement regarding the course as it relates to present work or future career opportunities at the Hospital and I believe it is accurate.			
Supervisor's Signature _____			Date _____

Tuition Assistance Application for Reimbursement



Children's Hospital Boston

Reimbursement Instructions

The **Checklist to Determine Course Eligibility, Application for Reimbursement** and **Direct Deposit Authorization Form** can be found by contacting Crosby Benefit Systems at (617) 928-0700.

If you are considering taking a course under the Tuition Assistance Program:

- Complete the **Checklist to Determine Course Eligibility** to identify whether or not your tuition expense would qualify for reimbursement under the program. You may also call Crosby at (617) 928-0700 to double-check.
- Once your course has ended, complete the **Checklist for Submission of Application for Reimbursement** (on the reverse side of the **Checklist to Determine Course Eligibility**) to verify that you have met all the requirements of the program. Then complete the **Tuition Assistance Application for Reimbursement** (front side of this form), sign and date it, and have your supervisor sign and date it.
- Mail the completed Application along with the required documentation (as outlined on your Checklist) to Crosby Benefit Systems for processing. Your application must be received by Crosby within 90 days of the last official day of classes for the semester. The address is on the front of this form.

Applications received at Crosby Benefit Systems will generally be reviewed within five business days of the reimbursement mail dates. Reimbursements will be generated for approved applications via paper check or direct deposit on the 15th and 31st day of each month.

To receive reimbursement via direct deposit, complete a **Direct Deposit Authorization Form** and return it to Crosby Benefit Systems with your other paperwork.

Reminders

You must meet the following criteria to receive tuition assistance:

- Complete a job-related course offered by an accredited institution and receive a grade C or higher as indicated on your transcript. Pass/Fail courses are not allowed.
- The course must be scheduled during your off-duty hours and meet for at least 20 hours.
- Pay your tuition in full.
- Be employed by CHB for the course duration.
- Complete the **Tuition Assistance Application for Reimbursement** and submit it, along with the required documentation, within 90 days of the last official day of classes for the semester. If your application is denied due to insufficient documentation you must re-submit with proper documentation by the later of 90 days from the last official day of classes for the semester or 30 days from the date of the denial.

Notes

- **Not eligible for reimbursement:** Certificate, licensing or short courses conducted during work hours; preparatory courses (e.g. CPA, LSAT, GMAT); professional meetings, conferences, seminars; also non-course related fees (e.g. parking); amounts paid with a grant or scholarship.
- Tuition costs, directly-related course fees (e.g. lab fees and registration fees) and the cost of required textbooks are eligible for reimbursement.
- Credit card statements, bank statements and copies of checks are not acceptable proof of payment.
- If any of the required documentation is missing or incomplete, you will be contacted directly by Crosby Benefit Systems. Incomplete documentation will result in a delay of your reimbursement.
- You will be reimbursed with the calendar year dollar amount associated with the date your class begins. For example, if your class begins in October 2009, you will be reimbursed from the 2009 calendar year amount available to you.

If you have questions, please contact Crosby Benefit Systems at (617) 928-0700 or email Crosby at servicecenter@crosbybenefits.com.

Checklist to Determine Course Eligibility



Children's Hospital Boston

Use this Checklist to help determine if the course you are interested in is eligible for reimbursement under the Tuition Assistance Program. On the reverse side is a Checklist that will help you complete the Application for Reimbursement form and file for reimbursement of your eligible tuition expenses.

Employee Eligibility		
Are you a regular active employee scheduled to work at least 16 hours per week on the date the course begins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Tuition Benefit
For eligible regular employees scheduled to work 30 or more hours per week You are eligible for up to \$5,000 in tuition assistance per calendar year.
For eligible regular employees scheduled to work 16 to 29.9 hours per week You are eligible for up to \$2,000 in tuition assistance per calendar year.

Course Eligibility – A course must meet <i>all</i> of the following criteria.		
▪ Is the course offered at an accredited college or university, or at a city or town adult education program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the course scheduled during your off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the course a graded course whose successful completion with a grade of C or better is documented on your transcript?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Does the course meet for at least 20 hours over the scheduled course duration (as opposed to a one- or two-day course)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Does the course offer college credits? (Excludes CEUs and PEUs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Job Relatedness – A course must meet <i>one</i> of the following criteria.		
▪ Is the course directly related to your job or directly related to another reasonably attainable position within the Hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is the course required by a degree program that is directly related to your job or required by a degree program that is directly related to another reasonably attainable position with the Hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes: The Tuition Assistance Program excludes professional meetings, conferences, seminars, certificate courses, licensing courses, short courses and preparatory courses (e.g. CPA, LSAT, GMAT).

Covered expenses under the program include tuition costs, directly-related course (lab and registration) fees and the cost of required textbooks.

You will be reimbursed with the calendar year dollar amount associated with the date your class begins. For example, if your class begins in October 2009, you will be reimbursed from the 2009 calendar year amount available to you.

Checklist for Submission of Application for Reimbursement

Use this Checklist to help you complete the Application for Reimbursement form and file for reimbursement of your eligible tuition expenses. On the reverse side is a Checklist that will help you determine if the course you are interested in is eligible for reimbursement under the Tuition Assistance Program.

Reimbursement Eligibility – To submit tuition expenses for reimbursement, you must meet (answer yes to) the following criteria:		
▪ Were you actively employed on the first and last official day of class?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Are you submitting expenses within 90 days of the last official day of classes for the semester?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did you complete the course with a grade of C or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Have you paid your tuition expenses in full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to all of the above questions, please include the following documentation with your Tuition Assistance Application form:

<input type="checkbox"/> Transcript, including the following information:
<ul style="list-style-type: none"> <input type="checkbox"/> School name <input type="checkbox"/> Semester/course dates <input type="checkbox"/> Student name <input type="checkbox"/> Course title <input type="checkbox"/> Course grade
<input type="checkbox"/> Proof of Tuition Payment, including the following information:
<ul style="list-style-type: none"> <input type="checkbox"/> Itemization of fees (registration, tuition, technology, etc.) <input type="checkbox"/> School name <input type="checkbox"/> Student name <input type="checkbox"/> Dates of transactions <input type="checkbox"/> Description of transactions <input type="checkbox"/> Amount of charges & credits <input type="checkbox"/> Method of payment (credit card, loans, cash, check, etc.) <input type="checkbox"/> Final balance of \$0.00
<i>Note: Crosby Benefit Systems, the program administrator, does not accept credit card statements, bank statements or copies of checks as proof of payment.</i>
<input type="checkbox"/> Book Reimbursement, including the receipt with the following information (if the book was ordered online, include the payment slip with the following information):
<ul style="list-style-type: none"> <input type="checkbox"/> Textbook title <input type="checkbox"/> Price of book (taxes and shipping/handling costs are not eligible expenses) <input type="checkbox"/> Course syllabus (the syllabus must list the required textbook)
<input type="checkbox"/> Course-Related Fees:
<p>Directly related course fees (e.g. lab fees and registration fees) are eligible for reimbursement.</p> <p>Administrative fees not directly related to the course, such as parking fees, activities fees, etc., are not eligible for reimbursement.</p>

Please make sure that all documentation meets the above criteria. Incomplete documentation will not be accepted and will delay receipt of program benefits.

Note: You will be reimbursed with the calendar year dollar amount associated with the date your class begins. For example, if your class begins in October 2009, you will be reimbursed from the 2009 calendar year amount available to you.