

# Verizon CWA IBEW 2213 REQUEST FOR SUMMER CAMP REIMBURSEMENT\* 2013

\*Deadline September 27, 2013

Employee Name:  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ Last Name</span> <span>_____ First Name</span> </div>		Employee ID # : _____	
		VZ ID # : _____	
Home Address: _____		City : _____	State : _____ Zip : _____
Home Telephone # : _____		Personal Cell # : _____	
Work Address: _____		City : _____	State : _____ Zip : _____
Work Telephone # : _____		Work e-mail Address : _____	
<b>Check one of the below boxes to indicate your affiliation with Verizon</b>			
<input type="checkbox"/> CWA LOCAL # : _____	<input type="checkbox"/> IBEW 2213	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> OTHER _____
Dependent Name : _____		Dependent Date of Birth* : _____	Age** : _____
<p>**Reimbursement for dependent children ceases on the last day of the month prior to the month the child turns 15 years old.</p>			
<b>EMPLOYEE SECTION</b>			
<b>Employees must submit this request for reimbursement of summer camp expenses by Friday, September 27, 2013</b>			
<b>Session One Camp Expense</b>		<b>Session Two Camp Expense</b>	
Date attended  from _____ to _____		Date attended  from _____ to _____	
cost \$ _____		cost \$ _____	
Attach proof of payment to back of form.		Attach proof of payment to back of form.	
<input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp		<input type="checkbox"/> Day Camp <input type="checkbox"/> Sleep Away Camp	
<b>I certify the accuracy of the above information.</b>			
Employee Signature: _____		Date: _____	
<b>CAMP PROVIDER COMPLETE AND PLEASE SIGN BELOW</b>			
Camp Name: _____		Camp Phone # : _____	
Camp Address : _____		City : _____	State : _____ Zip : _____
Tax ID # : _____	Provider's SS # : _____	Registration # : _____	
<small>I certify that the above amounts of monies were received for services rendered, and I am responsible for reporting these monies to the IRS AS INCOME.</small>			
Provider's or Authorized Signature : _____		Date : _____	

**See reverse for instructions for completion of this form**

revised 5/2013

# How to complete this form

One form per provider. Only original signatures & reimbursement forms will be accepted. Photocopies or faxed copies will not be accepted unless requested by Fund Administrator.

The Employee and Care Provider must sign and complete the appropriate section of this form. Only original receipts, a copy of cancelled check or money order when available are acceptable.

Employee requests for summer camp reimbursement must be POSTMARKED no later than the September 27, 2013.

Return this Monthly Reimbursement Form via Regular U.S. MAIL to:

**VERIZON NY/NE Regional Work and Family Committee  
c/o Beverly Steele, Fund Administrator  
120 Hicksville Road  
Room 200-A  
Massapequa N.Y. 11758**

## Appeal Process

(Enrollment / Monthly Reimbursement)

Appeals must be submitted in writing to the NY/NE Regional Work and Family Committee by mail to the address indicated above or via e-mail to:

**[beverly.steele@verizon.com](mailto:beverly.steele@verizon.com)**

Enclose all necessary documentation to substantiate your appeal. Your appeal must be received by the committee within 45 days of your written notification of denial of enrollment or within 45 days of non payment of your dependent care expense.

You may direct your questions to Fund Administrator Beverly Steele via e-mail or by calling (516) 797 - 3872.

Deadline to submit request for reimbursement is September 27, 2013.