

Education Benefit Reimbursement Request

Claim for Participant

Claim for Child Dependent

Education Benefit – As the Plan participant, the Fund provides an educational benefit to help you pay the cost of tuition at accredited universities, colleges, community or junior colleges, vocational and trade schools. The benefit provides for up to \$1000 maximum per calendar year towards the cost of tuition provided you remain continuously active through the duration of any semester you are claiming the benefit. In addition, if you have 10 or more years of service, the benefit provides for up to \$300 per calendar year toward the cost of tuition for your unmarried dependent children who attend post-secondary educational institutions.

Please print all information

Participant Name _____		Social Security Number (last 4 digits) _____	
Dependent Full Name (if for child dependent) _____			
Address _____			
City _____		State _____	Zip code _____
Employer and Work phone (_____) _____		Home phone (_____) _____	
E-mail address _____			
School Name _____		Semester (you are requesting reimbursement) _____	

Important Information:

- Along with this completed claim form, submit a copy of the final grades and paid tuition bill for the same semester. The Tuition bill must include the actual tuition amount, plus any fees, financial aid, etc.
- You must remain employed throughout the duration of the semester/course to be eligible for the benefit.
- Reimbursement requests must be submitted no later than June 30th, immediately following the calendar year in which the semester ends. Requests for reimbursement cannot be accepted before the semester's completion.
- The reimbursement is for tuition only. Books, fees, etc. are not eligible. Grants and scholarships are not eligible and are deducted from the tuition amount. Student loans are eligible for reimbursement.
- Benefit is for the calendar (not school) year.

Participant signature: _____ **Date:** ____/____/____

Mail completed form with the appropriate attachments to:
UFCW Local 1776 and Participating Employers
Health and Welfare Fund
3031 B Walton Road
Plymouth Meeting, PA 19462

If you have any questions about this claim form or your benefits, or need assistance in completing this form, contact the Fund Office at 610-941-9400 or toll free at 1-800-458-8618, or fax at 610-941-9602. You can also download this form from our website at www.ufcw1776benefitfunds.org.