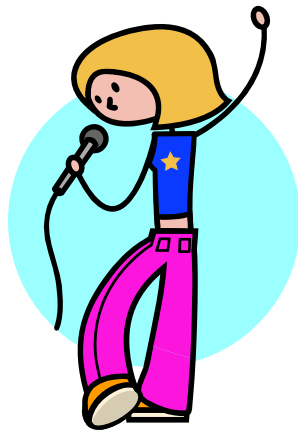


IBEW/ Verizon
New England Work and Family Committee
Teen School Vacation Program
Taxable Reimbursement Program



IBEW/ Verizon
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Taxable Reimbursement Program
Ages 13-15

The New England Work and Family Committee understand the difficulties families face when school is out for vacation. We want to ease your financial obligations during school vacations and reimburse you for school vacation weeks.

The Teen School Vacation Program is offered for the February April and December school vacations. This program's goal is to offer an opportunity to enrich your teen child/ren (ages 13-15)experience while on school vacation . The New England Work and Family Committee will reimburse up to \$200.00 per week up to 3 weeks annually for school vacations. We will reimburse for day or overnight activity/ programs. **The monies you are reimbursed are taxable.**

Eligibility Requirements

- You must be a member of IBEW, management or non-bargained from MA, RI, VT, NH or ME.
- CWA , IBEW 2213, VIS and Idearc employees are not eligible for this program
- You must have a total household income less than \$125,000 for year 2006 for December 07 submission.
- You must have a total household income less than \$125,000 for year 2006 for February 08 and March 08submission.
- You must have a total household income less than \$125,000 for year 2007 for April 08 and December 08 submission
- Your dependents must be ages 13-15 and listed on your tax return
- You must have incurred activities/ program expenses during school vacation weeks.
- Program contingent on contract negotiations

Program Eligibility

Activities/ Program provider must be a day camp program that has a tax identification number.

Some activity/programs that are included are: academic, adventure, arts, sports activities/ programs and YMCA, 4H or Boys/Girls Club or recreational sponsored programs.

How do I apply?

You can obtain an application by going to www.verizon.com/life and click on union member resources, select New England Work and Family. You can call the Work and Family office at 508-890-3558 or call your union representative.

- Complete the application in full (one application per dependent)
- Have activity/ program director/ administrative office sign the application after the activity/ program, week is completed.
- **Signatures must be original.**
- Attach receipts or canceled checks to the application
- Send your 2006/2007 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 documentation.
- Send 2006/2007 employee W2 (must be a Verizon employee).
- Submit the application after the activity/ program has been attended

How much am I reimbursed?

You may be reimbursed up to \$200 per week for February, March, April and December school vacation weeks.

Complete the application and return along with your 2006 federal tax return and W2 for December 07 and February 08 submission. Send your 2007 federal tax return, W2 for March- December 08 submission along with receipts for the activity/ program. The application must be received no later than:

For December 07 by January, 11, 2008

For February 08 vacation by March 14, 2008

For March 08 or April 08 by May 9, 2008

December 08 by January 09, 2009

Your reimbursement will be included in your paycheck the last Thursday of the month.

If you need help locating a program you can call *VZ-LIFE* at 1-800-845-0632 and a specialist will assist you.

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

This is a taxable Teen School Vacation Reimbursement Program

IBEW/Verizon New England Work and Family Committee Teen School Vacation Program Taxable Reimbursement Program ages 13-15

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

Employee Name		
Social Security Number		
Home Address		
City State Zip Code		
Home Phone		
Work Address		
City	State	Zip Code
Work Phone		
Cell phone		
Email		
IBEW	Management	Non Bargained
What union local		
1) Dependent Full Name	DOB	Age
Provider/Program Full Name		
Tax ID Number		
Provider's Address		
Provider's Phone Number		
Indicate date attended, and cost of activity next each week		
Week 1		
Week 2		
Week 3		
Providers/Director/Administrative office Signature		

You **MUST** attach a copy of your 1040 and W2 for year 2006 if submitting for December 07 and February 2008. Attach 2007 tax return and W2 if submitting for March, April and December 08 and submit receipts and/or cancelled checks before sending. Only applications returned with canceled checks 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 Teen School Vacation Activity/ 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

Send this form and attachments to:

Verizon/ IBEW
Attn: New England Work & Family Committee
15 Chestnut St floor 3
Worcester, MA 01609