

**NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES/  
COMMONWEALTH OF MASSACHUSETTS**  
*Education Assistance Program*

Please ensure that all sections are completed, and signed by the member. Be sure to include with your submission proof of successful completion of the course and proof of payment.

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION** *(if not employee)*

Name: \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> New participant Enrollment Information Institution Name: _____					
Degree sought: <b>Undergraduate</b> <b>Graduate</b>	<input type="checkbox"/> Assoc <input type="checkbox"/> MA/MS	<input type="checkbox"/> BA/BS <input type="checkbox"/> PhD	<input type="checkbox"/> ESL/EFL <input type="checkbox"/> JD	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

<b>Duration of course</b> <i>Semester or Quarter</i>	<b>Term and Year</b> <i>Spring/Summer</i> <i>Fall/Winter</i>	<b>Course Title</b>

**Employee Certification:**

- Education institution is accredited institution
- I have read the EAP guidelines, and understand that I must submit to the Fund Office documentation of successful completion of the course and proof of payment in order to receive reimbursement. Reimbursement will generally occur in August and April. **I understand that I must submit the documentation within 60 days of the course completion or I will NOT receive reimbursement.** I understand that I must be actively working and in a benefits-eligible status to submit for reimbursement. A leave of absence with pay is considered to be actively working.
- I understand that successful completion requires the achievement of a “2.0” or better in the course where a grade is provided, or official documentation from the institution of “Passed” or “Satisfactory” for course work where a final grade is unavailable. An “Incomplete” is not reimbursable until a final grade is issued.
- **One application per member per academic year.**

**Return this application to:**  
**NAGE Fund Office**  
**159 Burgin Parkway, First Floor**  
**Quincy, MA 02169-4213**

*fax: 617-773-8637 or email: fundoffice@nage.org*