CAPITAL HEALTH
EDUCATIONAL ASSISTANCE REQUEST FORM

NAME: DATE OF HIRE:

DEPARTMENT:

POSITION:

WORKSITE LOCATION:

PHONE NUMBER:

CURRENT EMPLOYMENT STATUS:

Must be in a benefit-eligible position for 12 months prior to course start date.

Please submit your request form prior to the course start date so that eligibility can be determined in advance.

Degree you currently hold:

- □ Associates Degree
- □ Bachelors Degree
- □ Masters Degree

Degree you are currently pursuing:

- □ Associates
- □ Bachelors
- □ Masters
- □ Other (Specify)

Major/Educational Objective: ________________________________________________

SCHOOL YOU ARE ATTENDING: _____________________________________________

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Start and End Date</th>
<th>Credits</th>
<th>Cost/Credit</th>
<th>HR USE ONLY</th>
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ALL SECTIONS ABOVE MUST BE COMPLETED OTHERWISE YOUR CLAIM WILL BE RETURNED

EE # SS# Plan Year Limit Reached:

Remarks:

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This Educational Assistance Request is submitted in recognition of the following conditions:

1. Educational Assistance will be provided to an employee whose coursework begins after the completion of twelve (12) months of continuous active service in a benefit eligible status. In addition, the employee must be currently in a budgeted position of at least 40 hours per pay period.

2. Educational Assistance shall apply to tuition charges for college credited courses for undergraduate and graduate level coursework, up to masters level at accredited institutions, or accredited and licensed technical school programs. Degrees above a masters level may be considered at the discretion of the VP of Human Resources, Executive Vice-President and the Vice-President in charge of the employees department. Student registration, exam, books and other expenses and fees are not covered under this program.

3. Course work must be related to the employee’s present job, advance the employee’s potential for advancement in their department, or related to another hospital position as determined by Capital Health. All course work above a master’s level will require additional criteria and must be submitted in advance for consideration.

4. Reimbursement will be made upon satisfactory proof of grade and tuition payment. Proof of payment must indicate cost per credit (if applicable), exclusive of all other fees. Employees’ must receive a minimum grade equivalent of “C” to be eligible for a refund. Requests for reimbursement must be received no later than six-months from date of course completion. No policy exceptions will be permitted for late submissions. The benefit year will be determined by course start date.

5. The schedule of reimbursement is as follows:

<table>
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<th>Less than 10 yrs of service as of last day of course:</th>
<th>Greater than 10 yrs of service as of last day of course:</th>
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<tbody>
<tr>
<td>Full-time: 75% up to $5,000 annually</td>
<td>Full-time: 100% up to $5,000 annually</td>
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<tr>
<td>Part-time: 50% up to $2,500 annually</td>
<td>Part-time: 100% up to $2,500 annually</td>
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</table>

6. This agreement will be canceled in full following completion of twelve (12) months of employment from the date of course completion. If within twelve (12) months of course completion an employee terminates or has a reduction in budgeted hours to less than 20 hours per week, the employee shall be required to repay Capital Health 100% of the amount reimbursed.

7. Any course or program that is awarded by grant or subsidized in whole or part by any government or private agency, including Capital Health’s School of Nursing, will not be eligible for reimbursement under this program.

8. Reimbursement under this program shall be subject to current IRS regulation under Code Section 127. This means that Capital Health may be required to include a portion of your tuition reimbursement as income, for tax purposes, if your total reimbursement exceeds $5,250.00 in a tax year.

9. The employee acknowledges that this educational reimbursement is a loan from Capital Health, which he/she is obligated to repay unless the above conditions are satisfied. Also, he/she authorizes Capital Health to deduct any amount owed from all future wages paid, including Paid Time Off (PTO) to the extent permitted by law.

10. Nothing contained herein will change an employee’s status as an employee-at-will, which means that the employee or Capital Health may terminate employment at any time, with or without cause. This Educational Assistance Agreement does not constitute a contract of continued employment.

__________________________________________  ___________________
Employee Signature      Date

☐ The course(s) taken by the above employee qualify under #3 above.

☐ The employee has met standards on their most recent performance evaluation and continues to meet expectations.

__________________________________________  ___________________
Department Manager      Date

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