



# Individual Upward Educational Plan Application

Samples - Use Blue or Black Ink

Yes  
No

TEST BOX

8498



SECTION I

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Division/Plant: \_\_\_\_\_ IUE-CWA Local: \_\_\_\_\_ IUE-CWA Seniority Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Job Title: \_\_\_\_\_  Active  Inactive Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

## COURSE/PROGRAM INFORMATION

Check One:  Non-Degree  2-yr Degree  4-yr Degree  Graduate  Post-Grad (Ph.D)  Certificate

Degree/Major: \_\_\_\_\_ Will you be completing your degree/program this term?  Yes  No

Name of School: \_\_\_\_\_ Term Beginning Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) Term Ending Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Month) - (Day) - (Year)

Type	Course Number	Course Title (As shown in the course catalog)	C - Cig Credit N - Noncredit (CEU)	Credit/ Course Hrs	Job Related?	Tuition	Lab Fees*	Estimated Total
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	\$		\$
<input type="checkbox"/>			<input type="radio"/> C <input type="radio"/> N		<input type="radio"/> Y <input type="radio"/> N	\$		\$

(For more than 4 courses, please complete an additional application.) (See Below)

U undergraduate  
G graduate  
N neither

**Payment Type?**  
 Voucher  
 Reimbursement

What other aid will you be using to pay for your studies? (VA, scholarship, grant) \_\_\_\_\_ (Subtract from total) Amount \$ \_\_\_\_\_

Compulsory Fees\* \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

\*Note: This plan does not cover books, supplies, parking, transportation, audited courses or other miscellaneous fees. Employees are eligible for \$100.00 book reimbursement that comes out of the annual tuition cap. Please request a book reimbursement form to process.

SECTION III

**Conditions**

I wish to enroll in the above course(s)/program. I agree to pay any late payment or additional fees if my application is not submitted in a timely manner. I have read the policies and procedures of the IUE-CWA GM IUEP and agree to abide by them. I understand that grades or other evidence of satisfactory completion must be provided within 60 days from the course ending date, and if not furnished, I am responsible for refunding to the IUE-CWA GM IUEP the tuition paid on my behalf, either by check or payroll deduction. If I resign or am discharged for any reason other than layoff, I authorize General Motors to deduct the amount of tuition paid on my behalf for courses not satisfactorily completed from my paycheck or other separation payment made to me. Federal tax laws may require General Motors to treat tuition assistance benefits as taxable income. I authorize the above institution to release to General Motors Corporation or the IUE-CWA upon their request, all records concerning my education or financial assistance as it pertains to this application.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Questionnaire To Determine IRS Job-Relatedness of Educational Expenses**

A. Does this course maintain or improve skills required in your current job?  Yes  No  
If yes, please explain why: \_\_\_\_\_

B. Is this course part of a program which can qualify you for a NEW job, position, trade, or business opportunity?  Yes  No

C. Is this course required by law or regulation for you to keep your current job?  Yes  No  
If yes, please explain why: \_\_\_\_\_

If Question A and C are "YES" and B is "NO", then the course is considered **Job-Related** by the IRS and educational assistance may be excluded from your income. If Question A is "NO" or B is "YES", then the course is considered **non-job-related** by the IRS and educational assistance may be included in your income and be taxable above the current tax exclusion.

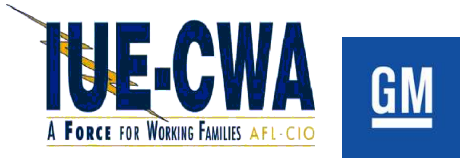
Employee: Use this as a guideline to rate each course Yes or No in the shaded Job-Related column above.

Supervisor's Concurrence: I have reviewed the employee's determination(s) on job-relatedness for each class and agree with the determination(s) based on the job-related questionnaire.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's Email (Print): \_\_\_\_\_



## Individual Upward Educational Plan (IUEP) Application

### GENERAL

Read these instructions carefully before you fill out the application form. PRINT WITH BLANK INK OR TYPE.

#### Original Application:

**If you are sending in an original application please indicate original on the front of this application in the box provided.**

#### Revised Application:

**If you are sending in a revised application because you need to make changes to an application already submitted please indicate on the front of this application revised in the box provided**

Review the application before mailing or faxing to make sure that you have included all requested information. Incomplete forms will delay processing.

**BE SURE TO SIGN THE APPLICATION AND OBTAIN YOUR SUPERVISORS CONCURRING SIGNATURE**

Submit separate application forms for each school and for each term or semester.

**APPLICATIONS MUST BE SUBMITTED EITHER VIA MAIL OR FAX PRIOR TO ENROLLING IN THE SELECTED COURSES**

Please allow sufficient time for processing your paper work. If you have not received your response within 14 business days of mailing your application, call the Tuition Assistance office at **1-800- 626-0583**.

### SECTION I

#### EMPLOYEE INFORMATION

Fill in all of the information requested. Correspondence will either be mailed to your home via US mail.

### SECTION II

#### COURSE/PROGRAM INFORMATION

Complete this section with the help of a school counselor if possible. Be sure to list the course numbers and titles as they appear in the school catalog. Include the tuition costs and required covered fees for current tremor billing period only.

If you qualify for financial aid or benefits from other sources you must declare it. The IUEP will pay only that portion of tuition and compulsory fees not covered by other aid. Failure to completely list other aid can disqualify you from taking part in the plan.

Covered compulsory fees are any instructional or academic fees charged to ALL students. Non-covered fees include parking, ID, deferred payment fees, mail in or late registration fees or other special assessments not of an academic nature or not charged to all students.

### SECTION III

#### CONDITIONS

Read this section carefully and review the Tuition Assistance Policy and Guidelines. Your signature indicates you agree to abide by all requirements and conditions.

### ELIGIBILITY

- All regular active hourly employees with seniority are eligible Flexible service employees receive 65% of
- Active employees who are subsequently laid off or placed on a leave of absence during the term are required to provide proof of completion.

### PROGRAM DETAILS

Calendar year maximums are based on the year in which the course(s) begin, even if the course(s) end in following year.

1. **Regular Active employees:**
  - \$4,600.00 for approved undergraduate and graduate degree courses at regionally accredited colleges or universities
  - Of the annual limit, \$100 can be used towards the purchase of textbooks for job related degree programs.
  - \$2,100 can be used for seminars, workshops, high school equivalency and literacy courses, trade school courses or job related courses
  - Maximum total assistance in a calendar year is \$4600.00
2. **Laid Off employees:**
  - Employees on layoff with seniority are eligible for participation in the plan for one year from the effective date of their layoff. In addition, the spouse or dependent child of a deceased active employee will be entitled to utilize the remaining balance of the employees annual IUEP for

education for one year from the date of the employees death.

Once your application is approved, you will receive an official Tuition Voucher, which authorizes the school to bill IUE-CWA GM IUEP directly for the approved tuition and fees. Give the voucher to the school when you register for the courses. Your school will invoice the IUEP and the approved amount will be paid directly to the school.

Grades are required to be submitted to this office within 60 days of course completion. A passing grade, if college credit is received or a certificate of successful completion is required in order to meet program guidelines. Grade reports must include employee name, school name and course information. If passing grades are not submitted or the employee fails to submit grades, letters are sent to the employee and they may face payroll deduction for the amount of the course.

**IUE-CWA GM IUEP  
Tuition Assistance Program  
PO Box 709  
Bloomfield Hills, MI 48303-0709**

Toll-Free Voice: (800) 650-9380  
Fax Number: (248) 732-1300  
Impaired TDD#: (800) 295-8722