

Administrative Services Only, Inc
PO Box 9005, Dept. 11
Lynbrook, NY 11563-9005
516-396-5500 / 800-537-1238
WWW.ASONET.COM

NINTH JUDICIAL DISTRICT COURT EMPLOYEES ASSOCIATION BENEFIT FUND TUITION REIMBURSEMENT FORM FOR ACTIVE MEMBERS

Please visit www.njdcea.org for additional plan information and claim forms
Please visit www.asonet.com to track your claims and claim history

MEMBER INFORMATION

MEMBER NAME	BIRTH DATE	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
ADDRESS	APT. NO.	CITY	STATE	ZIP CODE
SOCIAL SECURITY NO. OR LAST FOUR DIGITS	WORK LOCATION	DAYTIME TELEPHONE NO :	EVENING TELEPHONE NO:	

Active Members are eligible for Tuition expenses reimbursement if:

(a) The tuition has been paid to an educational institution licensed by the NYS Department of Education; and

(b) The course is job related or is required for an Associate's, Bachelor's, or a Master's degree.

- For eligible tuition expenses, the Fund will reimburse up to \$1,000 for eligible tuition expenses within any academic school year.
- All claims must be submitted annually, and must be received by the Fund office by the first day of October following the end of the school year (August).
- Course grades and/or course completion certificate, along with proof of payment, must be submitted to Administrative Services Only, Inc. **Tuition and mandated books** are the only items that will be reimbursed.
- A passing grade is required for tuition reimbursement.

Name of Education Institution: _____

Description of Course: _____

Grade: _____

**TO FILE FOR REIMBURSEMENT
COMPLETE, SIGN AND RETURN THIS FORM TO ASO
ALONG WITH YOUR ORIGINAL BURSAR RECEIPTS AND
PROOF THAT THE COURSE WAS COMPLETED WITH A PASSING GRADE OF "C" OR ABOVE**
Note: Receipts or other documentation submitted with your form will not be returned.
Retain copies of supporting documentation for your records

MEMBER SIGNATURE – BENEFIT WILL BE PAID TO THE MEMBER

I HEREBY CERTIFY THAT EXPENSES CLAIMED HAVE NOT BEEN REIMBURSED, AND ARE NOT REIMBURSABLE UNDER ANY OTHER PLAN COVERAGE AND THAT I AM ENTITLED TO THIS BENEFIT

SIGNATURE OF MEMBER

DATE