Instructions:

Please be sure to print and physically bring it to HR. If no witness has signed there will be no approval for tuition. Deliver to HR after April 8th , 2013 if possible. As HR is moving to its new location.

Please feel free to contact me, at the number below, if you need anything else.

Dawn Peterson
Benefits Administrator
Trinity Regional Health System
P: 309-779-2674
F: 309-779-2675

office hours are 7:30am-4:00pm
For 401K information, contact JPMorgan at 800-345-2345 or visit www.retireonline.com
For Benefit information, log onto Your Benefits Source (http://benefitsource.ihs.org)

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Trinity Regional Health System
Educational Assistance Application
Tier 2 Level Benefits-Trinity BSN & BHS Programs

Employee's Name _____ Employee # _____

Department _____ Position _____

Program Enrolled In _____

- I understand the terms and conditions of Trinity Regional Health System's Education Assistance Program for Tier 2 Level Benefits as defined in the Educational Assistance Plan Policy.
- I understand that in accepting this Educational Assistance, I agree to work in a regular full-time or part-time employment classification for a period of no less than 2 years Educational Assistance received.
- I understand that I maintain a grade of "C" or better during my program.
- I understand that written permission is granted to Trinity College of Nursing to provide semester grade, class drop, and graduation documentation to Trinity Regional Health System's Human Resource Benefits Office.
- I understand that failure to maintain proper grade will cancel my benefit for the next semester and will only been reinstated after I complete 1 satisfactory semester after the cancelation.
- I understand that this employment commitment will commence following the date I complete the BSN or BHS curriculum or I will be required to repay the amounts paid to Trinity Regional Health System on my behalf in accordance with the repayment provisions of said policy.
- By executing this application, I hereby agree to make said payment upon demand of Trinity and failure to repay said amount in full upon demand will subject me to interest of 10% from the time of demand plus attorney fees and costs incurred in collection.
- I am also aware that Trinity accepts no responsibility whether this educational assistance is taxable or non-taxable.

_____ _____
Employee's Signature Date

_____ _____
Witness Date