

Tuition Benefits Instructions & Application

Program Year: April 1, 2025, to March 31, 2026

ELIGIBILITY

NYS employees in bargaining units ASU/02, OSU/03, ISU/04, or DMNA/47 who have received a NYS paycheck at the time the application is received by the Partnership. Applications submitted must be used for courses that are in session during this program year (04/01/2025 – 03/31/2026) and must be received by March 31st, 2026.

REQUIRED INFORMATION

To complete your Tuition Benefits Application, you will need:

- Personal contact and employment details
- Educational provider/school name
- Course name(s)
- Course type(s) (Credit/Noncredit)
- Number of credits (for credit-bearing courses)
- Course cost(s)

HOW TO APPLY

1. Submit one application per benefit type (voucher or reimbursement) with up to four courses per educational provider.
2. To apply for additional courses or a different provider, submit a new application.
3. Instructions on how to submit the application are at the bottom of this form.

Please Note: You will receive one benefit form per course listed on your application.

REMAINING BALANCE/PARTIAL PAYMENT

If your benefit does not cover the full course cost, you may apply partial payments until your \$5,000 limit is reached. For balance inquiries, contact a Partnership advisor.

INCOMPLETE OR INCORRECT APPLICATIONS MAY:

- Require follow-up with Partnership staff.
- Affect your available balance.
- Require you to complete a Request for Benefit Change Form.
- Require you to contact the school listed on your voucher.
- Delay processing, impacting course enrollment.

STUDENT INFORMATION

Important updates will be sent using the contact information you provide below.

NYS Employee ID Number (check your NYS paystub): _____

CSEA ID Number (check your member card): _____

Name: _____ Email Address: _____

Mailing Address (including city, state, zip): _____

Daytime Phone: _____ Alternate Phone: _____

Employer (NYS Agency Name): _____

If you have a disability that requires a reasonable accommodation in order to participate in a course, visit <https://nyscseapartnership.org/accessibility-contact-information> for helpful information and resources.

BENEFIT REQUEST

You may request up to \$5,000 per program year. If applying for a voucher or reimbursement, you must submit one application per school/educational provider. If you have a remaining balance after your benefit is issued, you may submit a new application for the same school or different educational provider until your \$5,000 is depleted.

Remaining balances will not carry over to the next program year. Please note that the amount requested may be different from the benefit issued, based on actual tuition cost. Tuition costs are subject to change based on the provider. Any tuition costs above the maximum provided will be your responsibility. All other expenses are also your responsibility, such as fees, books, and materials.

Tuition Benefit Type - Are you applying for a voucher or a reimbursement benefit? Please check one.

Voucher (for payment up front to participating schools)

How do you want your benefits sent? Check one.

Reimbursement (for repayment upon course completion)

Email Mail

School Information - Visit our website to see the [full list of participating provider schools](#).

Name of School: _____

Number of courses applied in application: _____

Subject Area: _____

Estimated total amount requested: _____

If you are enrolled in one of the programs listed below, please check one, and a Partnership advisor will follow up with you to discuss additional benefits.

Commercial Driver's License (CDL)

Heating, Ventilation, Air Conditioning (HVAC)

Nursing

Welding

COURSE INFORMATION

| Course Name | Check box if graduate course. | Start Date | Credit or Non-Credit | # of Credits | Course Cost |
|-------------|-------------------------------|------------|----------------------|--------------|-------------|
| | | | Credit Non-Credit | | |
| | | | Credit Non-Credit | | |
| | | | Credit Non-Credit | | |
| | | | Credit Non-Credit | | |

AUTHORIZATION AND AGREEMENT

By checking this box, I acknowledge that if employer-sponsored benefits from the Partnership alone, or in combination with educational/tuition assistance from other NYS employer-sponsored benefits add up to more than \$5,250, I will have taxes taken out of my State paycheck(s) in December.

By checking this box, I agree that all the information contained in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the school named above to release to the Partnership final billing information.

Signature: _____

Date: _____

SUBMISSION INSTRUCTIONS

Save and return the completed application via email, fax, or mail using the information below. Do not send payment/documentation at this time. For questions, contact a Partnership advisor at (800) 253-4332 Option 1.

▶ Email: tuitionapplications@nyscseapartnership.org

▶ Fax: (518) 486-1989

▶ NYS & CSEA Partnership,

Corporate Plaza East – Suite 502,

240 Washington Ave. Ext. Albany, NY 12203