

English As A Second Language Prepaid ESL and High School Diploma Program

Bright Horizons
EdAssist Solutions
Workforce Education



Atrium Health

Start Your Application

On dashboard click **New Application** or **Apply Now** to create a new application.

Bright Horizons
EdAssist Solutions

Workforce Education

Home Education Coaching History **New Application**

+ Messages **10 New**

Good Morning Allison,
Welcome! To learn more about your employer's program and policy, please review documents in the "Using your Benefits" section of the home page. When you are ready to get your education started, click "Apply Now" to get the ball rolling.

Apply Now

Schedule Free Education Coaching

View Discounts from Network Schools

Action Needed
Currently there are no outstanding action items.

Using Your Benefits

- Mandatory Coaching Instructions
- HR-6.04 Frequently Asked Questions
- Tuition Programs Video Tutorials
- Atrium Direct Bill Job Aid
- Atrium Traditional-Non Degree Job Aid
- HR-6.04 Atrium Health Human Resources Educational Assistance Plan Benefit

Your Benefit Balances

Select your desired program, degree and benefit period to track your education expenses.

* = Required

Employer Program * Education Program * Benefit Period *

Select Select Select

Employer Paid	Requested	Limit	Remaining
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Contact: Your Information

New Application

1 Contact Information 2 Programs 3 Expenses 4 Agreements 5 Review & Submit

Contact Information * = Required


 **Your Address**

Please Make a Selection *


Use Home Address

1234 Some Street
City, State zip code

To change an address please contact your employer.

 **Your Phone Number**

Use Home Phone
456-778-1000

 **Your Email Address**

Please Make a Selection *

<input checked="" type="checkbox"/> Use Work Email	<input type="checkbox"/> Use Home Email
tamssupport@edassist.com	tamssupport@edassist.com

Step 1 Contact Information

All email notifications for this application will be sent to your work email address.

Click **Continue**




Programs: Education Program

New Application

1 Contact Information **2 Programs** 3 Expenses 4 Agreements 5 Review & Submit

Education Program * * = Required

 Select

- Bachelor's Degree
- Certification/Designation
- Master's Degree
- Associate's Degree
- Graduate Certificate
- Professional Degree
- Doctorate Degree
- Certificate
- Non-Degree
- Individual Courses**
- GED/Diploma

[Terms & Conditions](#) [Privacy Policy](#)

[Continue](#)

Step 2 Programs


For Education Program, select **Individual Courses**

Click **Next**




Programs: Area of Study

1 Contact Information **2 Programs** 3 Expenses 4 Agreements 5 Review & Submit

 What type of learning is this application for?
Education Program *

Individual Courses

NEXT

 What is the area of study? *

English Language Learning

What Category best fits this type of learning? *

Course

NEXT

Continue Cancel


What is the area of study?

Select **English Language Learning**

Click **Next**



Programs: Program Selection


 What is the area of study? *

English Language Learning

What Category best fits this type of learning? *

Course

NEXT

 What Employer Program would you like to use?

Please Make a Selection *

- Education Assistance Degree and Academic Credit (ineligible)
- Education Assistance - Certificate Program (ineligible)
- Education Assistance - Certification Program (ineligible)
- Education Assistance -Continuing Education Program (ineligible)
- Prepaid Tuition Assistance (ineligible)
- Prepaid ESL and High School Diploma Program

NEXT

Continue


What Employer Program would you like to Use?

Select **Prepaid ESL and High School Diploma**







Click **Next**




Programs: Education Provider

 **What Employer Program would you like to use?**

Please Make a Selection *

- Education Assistance Degree and Academic Credit (ineligible) 
- Education Assistance - Certificate Program (ineligible) 
- Education Assistance - Certification Program (ineligible) 
- Education Assistance -Continuing Education Program (ineligible) 
- Prepaid Tuition Assistance (ineligible) 
- Prepaid ESL and High School Diploma Program 

NEXT

 **Who is your Education Provider? ***

Name Student ID (Optional)

Please Make a Selection *

EnGen

Continue **Cancel**

Who is your Education Provider?

The provider will be **EnGen**


Click **Continue**




Expenses: Session Information

1 Contact Information 2 Programs **3 Expenses** 4 Agreements 5 Review & Submit

Expenses

 **Session Information**

Session Start Date *	Session End Date *	Subscription Amount
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	\$350.00

 **Course Information**

[Add A Course & Related Expense](#)

[Continue](#) [Cancel](#)

Step 3 Expenses

EnGen is an **6-month subscription**.

Enter the date you want to start your subscription. The end date of your subscription should be 6 months from of the start date.


For example:
Session Start Date: 1/1/2022
Session End Date: 6/30/2022



Expenses: Course & Expense Info


1 Contact Information 2 Programs **3 Expenses** 4 Agreements 5 Review & Submit

Expenses

 **Session Information**

Session Start Date * Session End Date * Subscription Amount

 \$350.00

 **Course Information**

[Add A Course & Related Expense](#)

[Continue](#) [Cancel](#)

Skip Course & Expense Information section. You do not need to provide course details.

Click [Continue](#)




Agreements: Aid and Agreements

1 Contact Information 2 Programs 3 Expenses **4 Agreements** 5 Review & Submit


Agreements

* = Required

 **Did you receive any grants, scholarships, or discounts?**

Please Make a Selection *

Yes No

 **Agreements**

Team Member Agreement

I have read and understand the terms and conditions set forth in the Atrium Health Education Assistance, Education that Works, Rise to Success, or RN Education Assistance Policy. As a condition of participating in this Program, I agree to abide by these terms and conditions. My participation in this program is not a condition of my employment or continuation thereof. I understand that grades or other evidence of satisfactory completion, as well as an itemized invoice for all expenses must be provided. I affirm that any documentation I have submitted in connection with this Program is complete and accurate. I acknowledge that if I knowingly submit false, deceptive or misleading information in order to receive benefits under the Program, this may result in adverse tax consequences and discontinuance in my tuition assistance.

I agree *

Step 4 Agreements

Did you receive any grants, scholarships, or discounts?

Select **No**

After you have read each agreement, select **I agree**.



Agreements: Sign Application

Sign your application exactly as it appears in bold.

Click **Continue**

FERPA Agreement

The Family Educational Rights and Privacy Act of 1974, as amended (FERPA) ensures students of the right to privacy and confidentiality with respect to their educational records and limits access to the information contained in those records. Under FERPA, you have the right to deny authorization to release your educational records. However, in order to receive tuition assistance through Bright Horizons EdAssist Solutions, it is necessary for Bright Horizons to receive and review your educational records with your employer. Bright Horizons may also share the application information you provide with your educational institution to facilitate the processing and approval of your application. By checking "I Agree" below, you agree to the following:

- Educational institutions, schools, agencies, or individuals holding non-educational records may release such records to Bright Horizons.
- Bright Horizons may release my educational records (whether received from educational institutions, schools, agencies, or individuals) to my employer.
- Bright Horizons may release information you provide as part of your tuition assistance application to the educational institution identified in the tuition application.
- This consent shall remain in effect until I submit a written request to cancel the authorization.

If you do not agree with the above terms, please uncheck and that we will be unable to process your tuition assistance application, and your application will be canceled.

I agree *

Your Name:

John Doe

Enter your name exactly as it appears above. *

John Doe


To accept agreement(s), you must type your name exactly as it appears above.

Continue


Cancel



Review: Submit Application

**Education Provider**


Name: EnGen Provider Code: TB5234
Address: 6900 Wisconsin Ave, Suite 200
Bethesda, MD 20815

**Expenses** [Edit](#)

Session Dates: Mar 1, 2022 - Jul 6, 2022

SUBSCRIPTION		Credits	Tax Exempt
		N/A	No
		View More	Requested \$350.00

TOTALS		Requested	Approved
		\$350.00	-
		Total Benefit	\$350.00

**Agreements** [Edit](#)

Grants, Scholarships & Discounts
None \$0.00

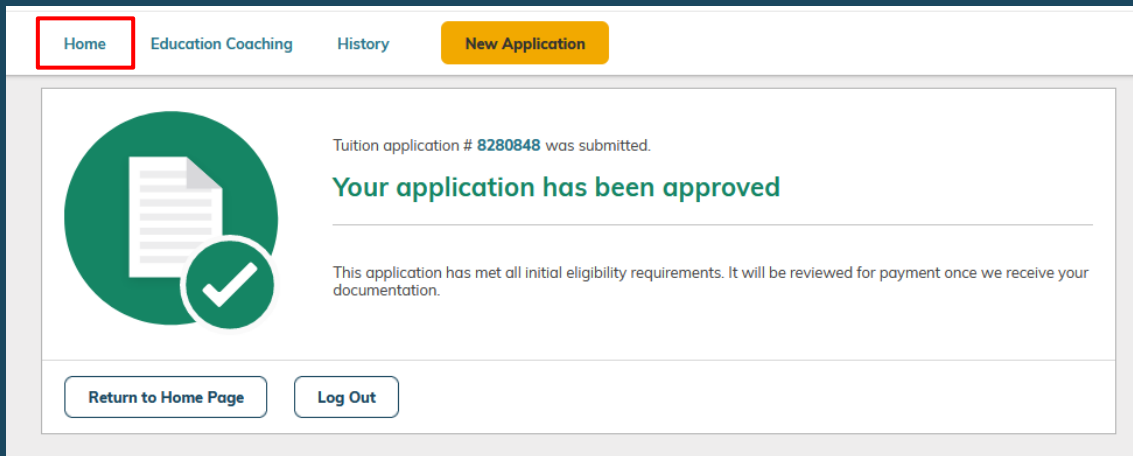
[Submit Application](#) [Delete](#)

Step 5 Review & Submit

Click [Submit Application](#) at the bottom of the page.



Review: Submit Application



The screenshot shows a web interface with a navigation bar at the top. The 'Home' link is highlighted with a red box. Below the navigation bar, a green circular icon with a document and a checkmark is displayed. To the right of the icon, the text reads: 'Tuition application # 8280848 was submitted.' Below this, a bold green heading states 'Your application has been approved'. A horizontal line separates this heading from a paragraph of text: 'This application has met all initial eligibility requirements. It will be reviewed for payment once we receive your documentation.' At the bottom of the main content area, there are two buttons: 'Return to Home Page' and 'Log Out'.

The application for English As a Second Language with provider EnGen will be reviewed for policy compliance by the Plan Administrator (EdAssist).

Once your application is approved, please go to the **Home** page to retrieve your approval code and register on the EnGen website.



Action Needed: Approved

The screenshot displays the Voxy application dashboard. At the top, there is a navigation bar with 'Home', 'Education Coaching', and 'History' links, and a 'New Application' button. A user profile icon and a help icon are also present. Below the navigation bar, there are several sections: 'Messages' with a '1 New' indicator, 'Schedule Free Education Coaching', and 'View Discounts from Network Schools'. The main content area is titled 'Action Needed' and features a yellow vertical bar on the left. The central card shows an 'APPROVED' status for a 'Career Online High School Direct Bill' with the ID '#8113055'. The approval period is 'Dec 1, 2021 - Mar 17, 2022'. A red box highlights the 'Application Approval Code' 'CHH112-8113055'. Below the code are two buttons: 'Take Your Courses Now' and 'Actions'.

Once your application is approved, you will find your approved application under **Action Needed** on the **Home** page.

Click [Take Your Courses Now](#)

<https://app.voxy.com/v2/#/login>



EnGen Registration site



How would you like to get started?

Email

name@email.com



Mobile Number

CONTINUE

[I have a code](#)

You will be taken to the EnGen “Voxy” website.

<https://app.voxy.com/v2/#/login>

Enter either your name or mobile number.

Click **Continue** to complete your registration.

EnGen Learning Coach will contact you within 5 business days to complete your registration.

Contact Information

- via email: support@voxy.com
- via support ticket: <https://support.voxy.com>





Bright Horizons.