

Educational Assistance Plan

Applicant Guide

Atrium Health Floyd's **Educational Assistance Plan** provides teammates with financial assistance for approved academic and continuing education expenses for Atrium Health job-related education and may include preparing for or maintaining a license or certification. There are options for reimbursement and if eligible, prepaid educational assistance. Enrollment is voluntary, and use of educational assistance does not obligate Atrium Health to promote, reassign or reward the participant.

Teammates **must** complete the Atrium Health Floyd (AHF) **Educational Assistance Plan Application**, which requires approval from their department Director and VP, and be accepted into the Plan **prior** to any submissions to Bright Horizons. Bright Horizons is Atrium Health's partner that provides the EdAssist portal that participants utilize once accepted into the Plan to submit ongoing **Program Course Approval Applications**. **Program Course Approval Applications** submitted to EdAssist are used to validate a participant's current eligibility for the Program each academic term. Any submissions to Bright Horizons without prior Plan acceptance will be denied.

DEFINITIONS

The exhibits on the next page help explain the **Educational Assistance Plan** and each Program. It's also important to familiarize yourself with the following definitions.

Educational Assistance Plan is the umbrella benefit under which each **Educational Assistance Program** falls. A **Plan Application** is required to be accepted into the **Educational Assistance Plan**.

Plan Application is the initial application a teammate completes that includes their Director's and VP's support and is submitted to tuitionreimbursementfloyd@atriumhealth.org by the teammate. Specific to AHF, these applications must be completed first and teammates must be accepted into **Educational Assistance Plan** prior to any submissions to Bright Horizons on the EdAssist portal. Only one **Plan Application** is required for an entire Program or course of study. If a participant pursues any other or additional course of study, a new **Plan Application** detailing that program is required.

Educational Assistance Programs are under the overall **Educational Assistance Plan** and each Program has a specific type of education that is pursued. **Course Approval Applications** are submitted to EdAssist each Program term.

Program Course Approval Applications are submitted to Bright Horizons on the EdAssist portal once a participant has been accepted into the **Educational Assistance Plan** (by submitting the **Plan Application**). These applications are more of a verification and used to validate a participant's current eligibility for the Program each academic term. Participants must submit a **Program Course Approval Application** to EdAssist prior to the start date of each quarter, semester or academic term and at the end of the term, participants must add their grades and eligible expenses to this application and close it out.

Bright Horizons is Atrium Health's partner that provides the EdAssist portal that participants utilize once accepted into the Plan to submit ongoing **Program Course Approval Applications** and documentation required to receive reimbursement. Bright Horizons can provide teammates with a customized education plan and tips on how to pay for education with a Bright Horizons Coach. Teammates may schedule an appointment with a coach within the EdAssist Portal.

EdAssist is the automated online portal under Bright Horizons where approved participants submit ongoing **Program Course Approval Applications** and documentation required to receive reimbursement.

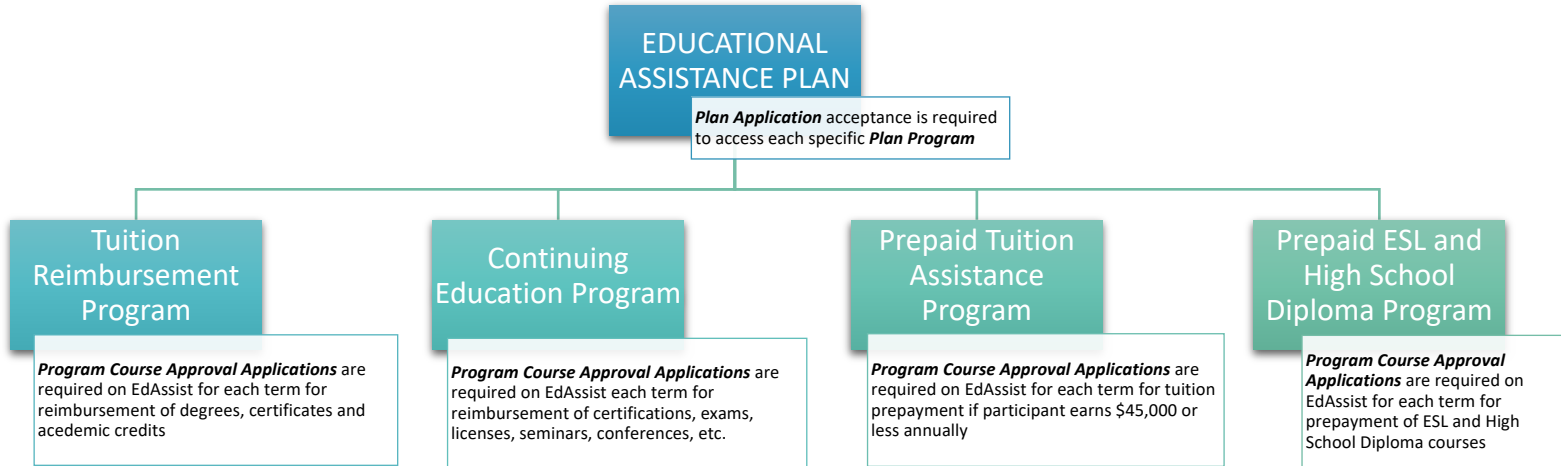
WHO IS ELIGIBLE TO APPLY

- Actively employed full and part-time teammates with at least 3 months of consecutive service
- PRN Teammates are only eligible to apply for the Continuing Education Program
- Some teammates are **not** eligible for Educational Assistance, including Medical Residents, Physicians, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists

BEFORE YOU APPLY: KNOW THIS

- Teammates must be in good standing with no pending disciplinary action or needs improvement areas
- Education must be through accredited programs relating to the teammate's current position or a future position
- Degree and Academic Credit courses must be from a [regionally accredited institution](#)
- There are minimum grade requirements to be eligible for reimbursement
- After the most recent reimbursement or payout there is a one-year work commitment
- Refer to the [Educational Assistance Policy](#) for other important details

EDUCATIONAL ASSISTANCE PLAN



EDUCATIONAL ASSISTANCE PROGRAMS

Tuition Reimbursement for Degrees and Academic Credit

- Full and part-time eligible
- Education results in Associate, Bachelor's, Master's
- Education results in Certificate (technical programs)

Type	Maximum Reimbursement
Certificate & Individual Courses	\$1,500 per year
Degree Programs	\$3,000 per year

Assistance for Continuing Education

- Full-time, part-time and PRN are eligible
- Includes:
 - Courses and exams required to achieve an approved Certification/Designation
 - Courses, conferences, seminars, workshops, and subscriptions
 - Certifications or recertifications, license or license renewals, and memberships that award Continuing Education Units (CEUs)

Type	Maximum Reimbursement
CEUs & Certifications	\$1,500 per year

Prepaid Tuition Assistance

- Full and part-time teammates earning \$45,000 or less annually are eligible
- Atrium Health will pay the school directly on their behalf
- Same Education requirement as Degrees and Academic Credit

Type	Maximum Reimbursement
Prepaid Tuition Assistance	\$3,000 per year

Prepaid ESL and High School Diploma Program

- Full and part-time are eligible

Type	Maximum Reimbursement
ESL & High School Diploma	\$3,000 per year

Educational Assistance Plan Application

APPLICATION STEPS:

1. Ensure you are eligible for the Plan by checking the requirements in the AHF Educational Assistance Policy
2. If you meet eligibility requirements, complete **PART I: EMPLOYEE** section of the Plan Application, **with all supporting documents (curriculum and personal statement)** and submit to your Department Director for approval
3. **Department Director completes PART II: DIRECTOR** section of the Plan Application and returns it to the applicant
4. Applicant emails complete Director approved Plan Application to tuitionreimbursementfloyd@atriumhealth.org
5. Applicant will receive an email notification with their Plan acceptance status within 7-10 business days from receipt
6. Once accepted into the Plan, participants follow instructions provided in their confirmation email to submit ongoing Program Course Approval Applications and reimbursement documents directly to Bright Horizons on the EdAssist portal

PART I: EMPLOYEE COMPLETE

Date: _____ Name: _____

Position: _____ Department: _____

Director: _____ Scheduled Work Hours Per Week: _____ FT / PT / PRN

Employed with AHF for at least last 3 months, consecutively? Yes No Hire Date: _____

Accredited Educational Institution you will Attend: _____

EDUCATION OBJECTIVE Select the course(s) of study that reflects your educational objectives

1. Degree Program: Masters Bachelors Associates IN (Nursing, Business, etc.): _____
OR

1b. Certificate Program: Description: _____

2. Continuing Education: Exam Recertification Membership Conference/Seminar/Etc.
Description: _____

3. ESL and High School Diploma Program: ESL High School Diploma

LIST THE PROJECTED TOTAL EXPENSE AND COMPLETION DATE FOR THE PROGRAM

Projected Expense: _____ Projected Completion Date: _____

Have you previously received Educational Assistance from Atrium Health Floyd? Yes Amount\$ _____ No

If yes, list course of study and date(s): _____

I have read and understand Atrium Health Floyd's Educational Assistance policy and procedures and I hereby agree to a work commitment. Should I leave AHF's employ for any reason (other than to accept employment with another Atrium Health affiliate) within 1 year from the last payout, I am responsible for a pro-rated repayment of that expense. I acknowledge repayment is based on 1/12th of the total expense paid by AHF, for each month remaining in the 12-month period from the last payout.

Employee Signature: _____ Date: _____

NEXT STEPS:

**ATTACH PROGRAM CURRICULUM
AND PERSONAL STATEMENT
DESCRIBING HOW IT IMPACTS YOUR
PROFESSIONAL DEVELOPMENT WITH
AHF INCLUDING SPECIFIC REASONS
FOR THE EDUCATION.**

***THESE MUST BE INCLUDED FOR
YOUR DIRECTOR TO CONSIDER
YOUR APPLICATION***

Submit your application and supporting documents to your Department Director. Director completes their portion and returns application to teammate.

PART II: DIRECTOR COMPLETE

- Applicant has been employed with AHF for at least 3 months consecutively: Yes No
If no, application is denied. You may skip to denial to finish.
- Applicant is in good standing, not currently on a PIP and has no pending disciplinary action: Yes No
If no, application is denied. You may skip to denial to finish.
- Applicant's education objective aligns with their professional development plans: Yes No
If no, application is denied. You may skip to denial to finish.

IF YES TO ALL OF THE ABOVE:

REVIEW APPLICANT'S CURRICULUM AND PERSONAL STATEMENT TO DETERMINE:

- Mutual benefit with Atrium Health Floyd's operational needs and the Applicant's continuing education
- The continuing education's relation to the Applicant's current job, or to positions they may progress into
- The continuing education's alignment with the Applicant's performance evaluations and development plans

DIRECTOR'S SUPPORTING STATEMENT

Include specific reasons for approval or denial. Consider development plans aligning the continuing education with the Applicant's current job or future potential.

DIRECTOR MUST OBTAIN DEPARTMENT VP APPROVAL

Director affirms they have reviewed this application with the following Department VP: _____
 and applicant's participation in the Educational Assistance Plan, specific to the Program indicated on this application is:

APPROVED **DENIED** Director's Signature: _____ Date: _____
Director/VP Approval does not Guarantee Plan Acceptance

DIRECTOR: Return Application and all Supporting Documentation to Applicant

APPLICANT NEXT STEPS:

- Email complete approved application to tuitionreimbursementfloyd@atriumhealth.org
- Incomplete applications will not be considered
- Some applications may require Executive Team approval and interviews may be scheduled as necessary
- Approval status will be emailed to applicant from tuitionreimbursementfloyd@atriumhealth.org within 7-10 business days from receipt of complete application
- Confirmation email to applicants accepted into the Plan will include details on submitting ongoing **Program Course Approval Applications** and payment requests to EdAssist
- Once accepted into the **Educational Assistance Plan**, participants must submit **Program Course Approval Applications** directly to EdAssist prior to the start of each quarter, semester or academic term, followed by course completion documentation within 60 days of the end of the term. EdAssist Applications will not be accepted more than 30 days after the course start date.
- Reimbursement is for up to the maximum amount for the specified Program
- A new **Plan Application** must be submitted for any Program that differs from what is listed on this application