Educational Assistance Plan Application



To be completed Employee	
Employee Name:	Employee ID:
Job Title:	Date of Hire:
Department:	Community:
Are you enrolled in a degree/certificate program?	
If yes, what type of degree?	Major:
Educational Institution:	Current quarter/semester:
Course Title:	# hours/credits: Tuition:
Course Title:	# hours/credits: Tuition:
I certify that I have read and understand the Aegis Living Education Assistance Plan and Policy and that the information supplied is correct.	
Signature To be completed by General Manager or 3	Date
The application for Education Assistance is:	□ Approved Amount Approved \$
If denied, why?	
GM/Supervisor Signature	Date
To be completed by Benefits Team	
Course successfully completed If denied, why?	 Reimbursement Approved Reimbursement Denied Amount Approved \$
Benefits Director Signature	Date

Please reach out to the Benefits Team if you need further assistance: benefits@aegisliving.com or (425) 284-1613

Áegis reserves the right to suspend or withhold approval of any educational program or course.

www.aegisliving.com



GL: Community: 59-55431/Corporate: 16-55431