

EMPLOYEE TUITION REIMBURSEMENT PROGRAM APPLICATION DIRECTIONS

Return this completed form to benefits@soterahealth.com at least 14 days <u>prior to the first day of the course(s) for which you</u> are requesting reimbursement.

Eligibility will be verified. You must have one-year continuous service, meet performance standards, attend an accredited school, and the degree/certification sought must be business/job related. Benefits will notify you of the approval or denial within 10 business days of receipt of the request form. This form will be returned to you to resubmit when applying for the tuition reimbursement. Reimbursement will occur only after successful completion of the course and submission of documentation listed below within 60 days of completing the coursework. Reimbursement for a "C" or better will be paid at 100 percent; no reimbursements will be made for grades lower than a "C". An "Incomplete" is not reimbursable until a final grade is issued. If the course if "pass/ fail," a final grade of "pass" is acceptable.

Eligible employees will be able to apply to receive a calendar year non-taxable maximum of \$5,250, while attending an institution accredited by an accrediting agency that is recognized by the U.S. Secretary of Education. After receipt of reimbursement, if an employee leaves Sotera Health within two years of the latest date of reimbursement, the amount of the reimbursement will be considered only an advance. Accordingly, the employee will be obligated to immediately reimburse 100% if leaving the company within one year of course payment, and 50% if leaving the company within one to two years of course payment.

Submit one application for each semester, quarter or block.

Within sixty (60) days of completing coursework, you must submit the following to benefits@soterahealth.com for reimbursement. If you do not submit the required documentation within 60 days of course completion, you forfeit the reimbursement.

*NOTE: Maximum reimbursement is based on when the reimbursement is paid and not when the course ends. If you miss the final payroll cutoff date of the year, your reimbursement will be paid on the first paycheck of the following year.

- Pre-approved tuition reimbursement form
- Evidence of the grade earned Official grade report, transcript or internet printout will be acceptable
- A verified statement of the cost of tuition or adequate receipts
- Proof of payment Bursar's receipt or a copy of the canceled check (front and back)

The verified statement of the cost of tuition or adequate receipts must be from the school attended and specify the costs of the course (Expenses such as textbooks and lab fees are eligible for reimbursement). Proof of satisfactory completion includes a copy of the transcript, grade report or other similar official documentation.

Reimbursement will occur within thirty (30) working days of receipt of all materials described above.



Tuition Reimbursement Request Form

Section I – Employee Eligibility														
New participant Date:														
Name:								Last 4 digits SSN:						
Job Title:								Work Location:						
Enrollment Information:														
Institution Name:														
Degree Sought: Undergraduate: BA/BS							Other:							
		Graduate: M			M	A/MS		PhD PharmD JD						
Area of Study:														
			_	0			_				,	_	D 11	
Are these courses for your: Current job Future career development Both Course(s) Information:												Both		
Semester	Term and	d	Cou	rse Title		Cours	se	Start Date		Last Date		demic	Amount	
or	Year (Spring/Summ	Year ng/Summer/			N		er	of Course		of Course		e dit?* Y/N)	Requested	
Quarter	Fall/Winter)										`	. ,		
*Please indicate													•	
Section II – Employee Certification:														
Educational institution is accredited by an accrediting agency that is recognized by the U.S. Secretary of Education I have read the Employee Tuition Reimbursement Program, including the taxability statement, and understand that I must submit to HR official institutional documentation of successful completion of the course, proof of payment and the pre-approved Tuition Reimbursement Request Form in order to receive reimbursement. Reimbursement will generally occur within twenty (20) working days of a complete submission. I understand that I must submit the documentation within 60 days of course completion or I will NOT receive reimbursement. You must also be actively working and in a benefits-eligible status on the date your reimbursement request is submitted. I understand that reimbursement will be paid at 100 percent for a grade of "C" or better; no reimbursements will be made for grades lower than a "C". An "Incomplete" is not reimbursable until a final grade is issued. If the course if "pass/fail," a final grade of "pass" is acceptable. If I separate employment within two years from the latest date of receiving the tuition reimbursement, I understand that I (or my new employer) will be financially responsible to repay 100% if leaving the company within one year of course payment, and 50% if leaving the company within one to two years of course payment.														
Employee Signature											Date			
Manager Signature								Date						
For Internal	-						_	-						
Approved								Denied						
Approved Ar	mount:						De	enial Reas	on:					
Approved by								Denied by:						
Approved by:								Dollied by.						
Approval Date:								Denial Date:						
Checklist for reimbursement payment:														
Pre-	approved			nce of the		1 1		statement		Proof of pay	ment		Reimbursement	
reim	tuition grade earned of the cost of tuition reimbursement form grade earned receipts processed system									processed in payroll system				