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Education Assistance Application

Name: _____

Employer: _____

Email Address _____ Hire Date: _____

Address _____

Daytime Phone Number _____ Associate # _____

Course Application:

Check one: ☐ Associates ☐ Bachelors ☐ Masters ☐ Certification

Name of Institution: _____ Degree/Program/Certificate: _____

Institution Address: _____

Describe how the below course(s) relate to your current job/career: _____

Supervisor Name: _____ Title: _____

Supervisor Signature: _____ Date: _____

Associate Signature: _____ Date: _____

| Course Name | Tuition Cost | Course Dates | | Grade |
|-------------------------------|--------------|--------------|-----|-------|
| | | From: | To: | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Lab Fees/Books | | | | |
| Total Tuition and Fees | | | | |

UPON COMPLETION AND APPROVAL BY ROCKY MOUNTAIN RESERVE NOTIFICATION WILL BE RETURNED TO YOU.
PLEASE SAVE A COPY OF THIS APPLICATION FOR PROCESSING ONCE THE REQUIRED COURSE(S) ARE COMPLETED.

Reimbursement Application: (The below information is to be completed AFTER course completion)

I certify that:

I have attached the following to this application upon completion of my course(s):

- ☐ An Itemized invoice from the institution (cancelled checks and balance due statements are unacceptable)
☐ An itemized book receipt from the book store detailing the title of the book and the course for which it was used.
☐ An official transcript detailing the passing grade.

I further certify that:

- I have completed the above courses to the required satisfaction of the plan.
- The above information is accurate.
- I understand that I am liable for the taxes and any penalties in the event that the IRS, at a later date, determines that taxes should have been withheld from the above reimbursement.

Associate Signature: _____

Date: _____