



A I B C O L L E G E O F B U S I N E S S

Employer Education Reimbursement Program

The *Employer Education Reimbursement Program* (EERP) is a program that AIB provides to students who are employed by a company that provides reimbursement to their employees for educational expenses. This may include reimbursement for Tuition, Fees and/or Books. This program is a binding agreement between the student and AIB, not the employer and AIB. You, as the student, are ultimately responsible for your balance in the event that you do not receive reimbursement benefits from your employer. By participating in this program, the portion to be paid by the Employer will be deferred until 30 days after the end of the term.

THIS PROGRAM IS BEING EVALUATED AND THE COLLEGE RESERVES THE RIGHT TO CHANGE THE TERMS LISTED IN THIS PROGRAM AT ANY TIME.

Please use this page as a guide through the steps of the Employer Education Reimbursement Program. Please keep in mind these steps must be completed **each term**.

1. The Application/Agreement to Pay **must** be completed and returned to the Collections Manager by personal delivery, fax, or email in order to participate in the *Employer Education Reimbursement Program*.
 - **There is a \$30.00 fee assessed for participation in this program and is to be remitted at the time the application is submitted.**
2. Any balance due not covered by the Agreement to Pay is the student's personal responsibility and is due upon receipt of notice of obligation.
3. **ONLY** when the completed Application/Agreement to Pay has been received by the Collections Manager will the payment of the employer's portion be deferred.
4. Deferral of payment will be for **30 days** after the completion of a term.
 - **If payment is not received by the due date, a \$150.00 late fee may be assessed.**
5. If Financial Aid covers educational expenses in full, it is not necessary to complete this form, **however, please understand that you cannot borrow against the amount promised by your employer.**

AIB COLLEGE OF BUSINESS RESERVES THE RIGHT TO SUSPEND ATTENDANCE, HOLD SCHEDULES, TRANSCRIPTS AND/OR DIPLOMAS UNTIL THE REIMBURSEMENT AMOUNT HAS BEEN PAID-IN-FULL.

If you have any questions, please contact the Collections Manager:

politoa@aib.edu or (515) 246-5346

2500 Fleur Drive • Des Moines, Iowa 50321-1799 • 515.244.4221 • Website: www.aib.edu

**AIB COLLEGE OF BUSINESS EMPLOYER EDUCATION REIMBURSEMENT PROGRAM
APPLICATION AND AGREEMENT TO PAY**

(This application and agreement to pay must be renewed each term.)

To: **Collections Manager**

AIB College of Business
2500 Fleur Drive
Des Moines, IA 50321
(515) 246-5346
Fax: (515)244-6773
Email: politoe@aib.edu

Application Deadline: Day 1 of each term

remit \$30.00 participation fee with submission

Payment in Full: 30 days following conclusion of term

to avoid \$150.00 late fee

Amount Deferred \$ _____ by _____

For office use only

Date: _____

Employee/Student Section: I hereby request to defer payment of educational costs for the _____ Term based on the educational assistance benefit offered by my employer. I authorize my employer to release information requested below. For value received, the undersigned, as principal, promises to pay to the order of AIB College of Business at the address above, the remaining balance no later than 30 days following the conclusion of the term assuming course work is completed. A late fee of \$150.00 may be applied to the account if payment is not received as agreed. In the event class/es are dropped, the related balance is due immediately. I understand that this agreement is between the College and me, not my employer, and that failure to meet the terms of this agreement may result in class and/or transcript suspension, or loss of privilege to participate in this program. Diplomas will be held until this agreement is satisfied. I further understand that AIB College of Business will anticipate payment as agreed regardless of the status of reimbursement from employer and, if not paid as agreed, may refer the obligation for collection with collection costs/fees being the responsibility of the employee/student.

Signature of Student

Printed Student Name

Address

Last 4 digits of Student Social Security Number

City, State, and Zip Code

Company Name

Student Telephone Number

Supervisor Name

Student Email Address

Date Signed

Employer Section: This information is to be completed by the **EMPLOYER ONLY**.

Please fill in the below information **COMPLETELY—if something does not apply, please note, "N/A"**.

The terms of educational assistance are:

_____ % of Tuition _____ % of Lab/Tech Fees _____ % of Other Fees _____ % of Books

\$ _____ Limit per calendar year and/or _____ (# limit) classes per term.

\$ _____ Amount of Employer Reimbursement remaining for the calendar year.

What Financial Aid is to be taken into consideration? (Please check what applies)

All _____ None _____ Certain Types-Please Specify _____

Our company will remit payment to: _____ Employee _____ AIB College of Business

I hereby certify that the individual shown above is a current employee of our company and is entitled to education assistance. The signature below does not guarantee funding unless the student/employee meets all company requirements.

Information certified by: _____

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Phone Number