

ENHANCED OPTION EDUCATION PLAN

You are applying for the **Enhanced Option** (100% reimbursement with maximum \$3,000 per year with a 1-year work obligation).
Refer to approved *Enhanced Option Degree List* - You are eligible for reimbursement for classes beginning on or after your date of hire.

Complete and submit an Educational Assistance Plan for approval before beginning classes -- (ANNUALLY)

If changes are made to your major or school OR if changing programs, you must submit a new Education Plan.

NOTE: NO EDUCATION PLAN NEEDED for the STANDARD PROGRAM

EMPLOYEE INFORMATION - (Required)

Name	Employee #	Cell Phone
Address	Work Phone	Daytime Phone
City, State, Zip	Email	
College or University Attending	Facility	
Major	<div style="border: 1px solid black; padding: 5px; text-align: center;"> ESTIMATED GRADUATION DATE ____ / ____ / ____ </div>	

Please indicate your **immediate** goals for the next year

PURPOSE: Seeking degree _____ (i.e., ADN, BSN, AA, MS, etc.)

Not seeking a degree (If not seeking a degree, please send in list of classes)

Have you been accepted into the program of study for your degree? Yes No Date Accepted _____

You **MUST** be admitted into the degree program to be eligible for the *Enhanced Option*, with the exception of Nursing prerequisite classes (if your major is nursing)

EMPLOYEE QUESTIONNAIRE - (Required)

Briefly describe your career goals within Intermountain Healthcare:

Describe what steps you have taken/will be taking toward your goals:

Describe how your educational plan impacts your current Intermountain Healthcare position:

PLEASE NOTE: If approved for the Enhanced Option or Specialized Educational Assistance Program, you will be required to sign an Educational Assistance Work Agreement when submitting **each** Educational Assistance Request form. This Agreement requires a work commitment of one year. Should you terminate employment at Intermountain Healthcare prior to completing your work commitment, you will be required to repay a prorated portion of the reimbursement you received. You can view the complete agreement and policy by reviewing the Enhanced Option Educational Assistance Request packet.

I acknowledge that I have read the required checklist attached to this Education Plan and the policy found at Intermountain.net/Pay and Personal/TuitionReimbursement/EducationalAssistance.

EMPLOYEE SIGNATURE _____ DATE: _____

FOR CENTRAL OFFICE USE ONLY

Year _____ Central Office Approval _____ Date _____

MAILING ADDRESS:

Educational Assistance / Tuition Reimbursement
Intermountain Employee Services Center
5245 South College Drive
Salt Lake City, UT 84123

PHONE NUMBER: 1-800-843-7820 option 6

FAX NUMBER: 801.442.2264

EMAIL: tuition.reimbursement@imail.org

Web Address:

www.intermountain.net / Pay and Personal / Tuition Reimbursement / Educational Assistance