



Washington Teachers' Union

OPTION 2 VEBA BENEFIT APPLICATION 2015-2016

Instructions: Please read and complete this Application in full and sign and date where indicated. To be eligible for Option 2 Benefits, you must not have been awarded another Option available to Excessed Permanent Status Teachers as provided for in the Collective Bargaining Agreement (Option 1, Buy-Out or Option 3 A Year to Secure A New Placement) and you must meet all of the following requirements:

- a. You were in a unit of Teachers represented by the Washington Teachers' Union and employed by DCPS in or after the spring semester of 2012 pursuant to the terms of the Collective Bargaining Agreement , and
- b. You have 20 or more Years of Service as determined by the DCPS Teachers' Retirement Plan, and
- c. You meet the qualification requirements of an Excessed Permanent Status Teacher, and
- d. In the final year of employment as a Teacher you had a final Evaluation Score of effective or higher, pursuant to the DCPS Effectiveness Assessment System for School-Based Personnel, and
- e. During the sixty (60) calendar days following the effective date of your excess, you are available for employment as a Teacher with DCPS and you made a "substantial effort" to secure a placement within DCPS as defined in the Collective Bargaining Agreement. A "substantial effort" is defined as a good a good faith effort to interview at a minimum of five (5) Schools or a good faith effort to interview for all vacant positions for which the Teacher is qualified if the total number of such positions system wide is less than five (5), and
- f. You agree to waive your right to reemployment as a Permanent Status Teacher with DCPS.

1. Name: _____



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13. What is your Excess Date? (Attach a copy of your Excess Letter from DCPS)

14. If you are Retired from employment with DCPS, provide your Retirement Effective Date (Attach a copy of your Retirement Letter) _____

15. Have you been awarded Option 1 (Buy-Out) or Option 3 (Year to Secure a New Placement with DCPS? (Circle One) YES NO

CERTIFICATION

I, _____, hereby swear to or affirm the following:
(First) (Last)

- All of the information contained in my Option 2 VEBA Application is true and correct to the best of my knowledge and belief, and I understand that providing false or misleading information in my Application may result in immediate denial of my Application or the provision of a benefit.
- I acknowledge that if a determination is made that I am eligible for Option 2 Benefits and such Benefits become payable to me, I will be required to waive my rights to



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reemployment as a Permanent Status Teacher with the District of Columbia Public Schools.

- I understand that if a Supplemental Unemployment Benefit is granted to me, it is taxable income and will be subject to income tax withholding as required by law. I agree to complete all forms or other paperwork required in connection with income tax withholding by the Option 2 VEBA.
- By signing this Application, I hereby grant permission to the Option 2 VEBA Trustees or their designee to request and receive information and documentation from the District of Columbia Public Schools pertinent to my Option 2 eligibility including information and documentation concerning my Excess date from DCPS; my most recent rating under the DCPS Effectiveness Assessment System for School-Based Personnel (IMPACT score); and my Years of Service with DCPS.

Signature

Date