

NYSNA **TCE** FUND

Tuition and Continuing Education Fund



PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

EFFECTIVE JUNE 1, 2021

**NEW YORK STATE NURSES ASSOCIATION
TUITION AND CONTINUING EDUCATION FUND**

Plan Document and Summary Plan Description

Effective June 1, 2021

**NEW YORK STATE NURSES ASSOCIATION
TUITION AND CONTINUING EDUCATION FUND**

Plan Directory

Trustees

Curlean Duncan-Britton, RN
Rose Green, RN
Jacqueline B. Gilbert, RN
Cecilia Jordan, DNP
Rita Morgan, RN

Plan Administrator

John J. Barrett
c/o New York State Nurses Association
155 Washington Avenue
Albany, New York 12210

Plan Claims Administrator

(Main/Corporate Address)
Administrative Services Only, Inc. (ASO)
303 Merrick Road
Lynbrook, New York 11563
1-888-692-7671

Plan Counsel

Jonathan M. Cerrito, Esq.
Cohen, Weiss and Simon LLP
900 Third Avenue
New York, New York 10022

To obtain a claim form or check on the status of a claim, contact:

ADMINISTRATIVE SERVICES ONLY, INC.

Toll Free: 1-888-692-7671

www.ASOnet.com

Refer to Department 220T

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I. INTRODUCTION

This is the Plan Document and Summary Plan Description (together referred to as “SPD”) which describes the benefits available to you through the NYSNA Tuition and Continuing Education Fund (“the Fund” or “the Plan”).

The Plan is an employee benefit trust fund, financed by contributions fixed by collective bargaining or other written agreements, and administered by a Board of Trustees designated by the New York State Nurses Association (“NYSNA”) pursuant to an Agreement and Declaration of Trust (“Trust Agreement”) which may be amended from time to time. The Trust Agreement gives the Board of Trustees authority and discretion to determine benefits, and the Trustees have accordingly adopted the Plan of benefits described in this SPD. Under the Trust Agreement and this SPD, the Trustees may, in their discretion, revise, discontinue, improve, reduce, modify or make changes in the Plan, the types and amounts of benefits provided, the coverage and eligibility provisions, conditions and rules, at any time. Any question of interpretation, construction, application or enforcement of the terms of the Plan and this SPD, and all determinations on benefit claims and appeals, are subject to the discretion of the Board of Trustees, whose determinations are final and binding.

The Plan is currently funded by the New York City Health + Hospitals and the City of New York. The Plan receives its funds pursuant to the terms of the contracts negotiated by the New York State Nurses Association on your behalf. The contracts require your employer to make contributions to the Fund.

This SPD describes the benefits, eligibility guidelines, rules and regulations and the procedures to follow to obtain benefits and information. We urge you to read this document carefully and keep it handy for future reference.

The Board of Trustees is appointed by the New York State Nurses Association and serves without compensation. Trustees are responsible for ensuring that plan operations, expenditures and reserves are consistent with the requirements of the City’s Directive 12 and other applicable law and regulation.

While the Trustees expect the Plan to continue, they reserve the right to change or discontinue the Plan and/or these benefits, in whole or in part, at any time and for any reason.

Information herein describes plan benefits and the procedures to be followed to insure prompt and efficient handling of your claims. Should you desire additional information or have any questions, please contact the Fund’s claims administrator, Administrative Services Only, Inc. or feel free to contact me.

Cordially,



John J. Barrett
Plan Administrator

II. GENERAL INFORMATION

Name of Plan: NYSNA Tuition and Continuing Education Fund

Plan Sponsor: Board of Trustees, NYSNA Tuition and Continuing Education Fund

Employer Identification No.: 61-1778601

Named Fiduciaries/Trustees:
Curlean Duncan-Britton, RN
Rose Green, RN
Jacqueline B. Gilbert, RN
Cecilia Jordan, DNP
Rita Morgan, RN

Plan Administrator: John J. Barrett
c/o New York State Nurses Association
155 Washington Avenue
Albany, New York 12210
(518) 782-9400

NYSNA (New York City Office)
131 West 33rd Street, 4th Floor
New York, New York 10001
(888) 551-3112

Claims Administrator: Administrative Services Only, Inc.
Department 220T
P.O. Box 9005
Lynbrook, New York 11563
Phone (888) 692-7671
Fax (855) 255-0904

Type of Plan: Welfare Plan

Nature of Administration: The Plan is administered by a third party.

Source of Contributions to the Plan: The Plan is funded by contributions paid by Contributing Employers of Eligible Employees who are participants in the Plan.

Effective Date: The Trust was established as of December 21, 2015. Benefits are effective as of May 1, 2016.

Plan Year: July 1 - June 30

Agent for Service of
Legal Process:

The designated agent for service of legal process upon the Plan is, and service of legal process may be made upon, the Plan Administrator.

Amendment to the Plan:

The Board of Trustees may amend the Plan, in whole or in any part, at any time.

III. ELIGIBILITY

Bargaining unit employees (“participants”) are eligible for the benefits described in this SPD as long as you are employed within the bargaining unit covered by a collective bargaining agreement between the New York State Nurses Association and the City of New York and the New York City Health + Hospitals. Participants become eligible on the first day of employment in a covered position.

Participants in active pay status (either actively employed or on a paid leave of absence) are eligible for this benefit. Hourly employees and part-time employees (as defined in the applicable collective bargaining agreement) are eligible for a reduced benefit amount. Per diem employees are not eligible for benefits.

IV. COVERED TUITION AND CONTINUING EDUCATION BENEFITS

A. GENERAL INFORMATION

1. The following are types of educational offerings covered for tuition reimbursement from the Fund:

- Academic Courses (credit and non-credit)
- College Registration and other required fees (for B.S.N. degree and advanced degrees)
- College Proficiency Examination (GRE) fees
- Review courses for Registered Nurse licensure (graduate nurses only)
- Review courses for Certification examinations
- Conferences, Workshops, Seminars, Institutes and Symposia
- Continuing education programs
- Certification examination fees
- Online courses
- Self-study/Independent-study courses
- Computer classes
- Professional development (i.e., preceptor, leadership development)

2. Successful completion of the course or educational program is required to receive payment. If you fail, withdraw, or receive an incomplete, you will *not* be reimbursed.
3. The Fund will not deny a request for tuition reimbursement solely on the basis of the location of the educational offering.
4. *No tuition may be reimbursed where a registered professional nurse is mandated, as part of her/his employment, by the employing facility to complete an educational offering.*

B. ACADEMIC COURSES

The following are the specific academic courses and fees approved for tuition reimbursement. As a general matter, the Fund will provide tuition reimbursement for

college courses only when taken at accredited universities or colleges. The program in which the degree is granted must also be accredited.

The following types of courses will be covered:

1. Courses that are part of a curriculum required to attain a Baccalaureate or higher degree in nursing.
2. Courses in language skills to achieve cultural competency, such as language courses in conversation and/or grammar, provided that a significant number of patients at a particular facility use the language being studied.
3. Courses in computer skills and informatics.
4. Fees for college proficiency examination (i.e., CLEP, CPE) for which the participant receives course credit in lieu of taking said courses, provided the participant is a student in a nursing degree program and successfully passes the examination.
5. Registration and other fees required by an accredited college or university provided that at least one of the courses taken meets the criteria for tuition reimbursement (i.e., lab fees). The cost of books, transportation, lodging and meals are *not* reimbursable expenses.
6. Required maintenance of matriculation fees upon submission of evidence that a degree has been granted. Reimbursement is limited to a maximum of five (5) years prior to granting of the degree. The request for payment must be submitted within three (3) months of the date that the degree has been granted.
7. Non-reimbursable courses taken as a prerequisite for matriculation into an approved Baccalaureate or Master's program may be reimbursed after the participant has been accepted as a student in said program. Such reimbursements will be eligible for up to two (2) years prior to completion of the degree program, and the request for reimbursement must be submitted within three (3) months of acceptance into the program.

C. NON-ACADEMIC OFFERINGS

The following non-academic continuing educational offerings are eligible for continuing education reimbursement from the Fund:

1. Courses, conferences, workshops, seminars, and other programs that apply to:
 - a. the participant's clinical specialty; or
 - b. the nursing care and management of the population at large.
2. Review courses for certification examinations accredited by the American Nursing Credentialing Center (ANCC), the American Board of Nursing Specialties (ABNS) or by the National Commission for Certifying Agencies (NCCA) or other approved

national or state certification organizations. A sample listing of approved organizations is attached as Appendix A.

Also eligible for tuition reimbursement are certification examination fees and certification renewal fees, provided the examination(s) is/are in the participant's area(s) of specialization and the participant successfully passes the examination(s) and receives certification.

If you complete the review course, but fail the certification examination, you will be reimbursed for the review course.

3. Independent study, self-study, and online offerings for continuing education hours.

V. HOW TO FILE A CLAIM FOR BENEFITS

1. To receive reimbursement for covered expenses, eligible participants must submit the official Fund Reimbursement Claim Form with the required proof of payment (such as a bursar's receipt, copy of deposited/cancelled check, or credit card statement) and certificate of completion (such as a transcript or certificate of completion) within no later than three (3) months after successful completion (as determined by the offering entity) of the course.
2. Read the instructions included with the claim form carefully and include the required attachments when you return the completed claim form. For a copy of the claim form, contact Administrative Services Only, Inc. (ASO) directly or visit www.ASONet.com. All correspondence and claim forms should be submitted to ASO at the mailing address or fax listed below, or via online upload:

Administrative Services Only, Inc.
Department 220T
P.O. Box 9005
Lynbrook, NY 11563
Phone 888-692-7671
Fax (855) 255-0904
www.ASONet.com

It is your responsibility to provide all of the necessary documentation to ASO within three (3) months of successful completion of the course or other educational offering. If your submission is not complete and timely, it may be denied.

3. If your claim is denied, ASO will notify you within ninety (90) days of receipt of your claim. If your claim is approved, payment will be issued within 6-8 weeks of submission of your claim.
4. Tuition reimbursement is paid on a fiscal year basis (July 1 - June 30) up to the annual benefit maximum amount established by the Trustees of the Fund (See the "Notice of Annual Maximum Benefit"). The determination of whether the maximum has been reached in a given fiscal year is based upon the date a given course, conference,

workshop, seminar, or other program is completed. Benefits paid shall be attributed to the fiscal year during which the course was completed.

5. If additional information is requested, you will have 60 days from date of the request to provide or your claim for benefits will be processed based upon the information presented.

VI. HOW TO APPEAL A CLAIM FOR BENEFITS

1. If you have filed a claim for benefits under this SPD and your claim is denied, you may appeal the denial to the Board of Trustees of the Fund by submitting an Appeal Form which is available by calling ASO at 1-800-537-1238 or at www.ASONet.com.

Your appeal form (and any supporting documentation) must be sent *to the Plan Administrator* (not ASO) within sixty (60) days of the date of written notice of the Fund's denial. The Plan Administrator will advise you if additional information is needed to consider your appeal. If the additional information is not provided timely, your appeal may be denied. You will receive notification of the Trustees' determination in writing.

2. In deciding claims, the Board of Trustees has broad discretion to interpret and apply the terms of this Plan and SPD. The determination of the Fund will be final and binding if an objection or request for review is not timely filed. The decision of the Board of Trustees of the Fund will be final and binding on any appeal timely presented to it.
3. No lawsuit shall be brought to recover benefits under this Fund unless you have exhausted the appeals procedure outlined above, and the lawsuit is filed within one (1) year from the date of the final decision.

VII. OVERPAYMENTS

The Plan may recover or recoup the amount of any erroneous payment, with interest, against pending or future benefits in accordance with law and regulations, and also take such legal action as may be necessary for recovery.

VIII. CHANGES TO THIS SPD

1. No person other than the Board of Trustees is authorized to:
 1. change or amend this SPD;
 2. waive any condition or restriction contained in this SPD;
 3. extend the time for making any contribution or payment; or
 4. bind the Plan by any statement or promise.
2. No change in this SPD will be valid unless authorized by the Board of Trustees.

Nothing contained in this SPD shall limit the broad discretion of the Board of Trustees to interpret and apply the provisions of this SPD or the terms of the Plan.

APPENDIX A

SAMPLE LISTING OF APPROVED ORGANIZATIONS

American Academy of Pain Management Nurses
American Association of Critical Care
American Board of Neuroscience Nursing
American Board of Nursing Specialties (ABNS)
American Board of Occupational Health Nurses, Inc.
American Board of Post-Anesthesia Nursing
American Board of Urologic Allied Health Professionals
American College of Nurse-Midwives
American Medical Association
Association of Emergency Room Nurses
Association of Operating Room Nurses
Association of Rehabilitation Nurses
Center for Disease Control
National Commission for Certifying Agencies (NCCA)
National Board of Pediatric Nurse-Practitioners & Associates
National League for Nursing
Nurses Association of the American College for Obstetrics and Gynecology
State Nurses Associations
American Nursing Informatics Association
Hospice and Palliative Care Nurses Association

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