



Washington Teachers' Union

Voluntary Employee Benefits Association

OPTION 2 VEBA BENEFIT APPLICATION 2018-2019

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 you are qualified if the total number of such positions system-wide is fewer than five (5), and
- f. You agree to waive your right to reemployment as a Permanent Status Teacher with DCPS, and
- g. You have met all of the requirements for election of an Option for Excessed Permanent Status Teachers as set forth in the Collective Bargaining Agreement.



Washington Teachers' Union

Voluntary Employee Benefits Association

1. Name: _____

First
Last
Middle Initial
2. Address: _____
3. E-mail Address: _____
4. Home Phone No.: () _____ 5. Cell No.: () _____
5. Social Security No.: _____
6. Date of Birth (Attach a copy of your license or other photo ID): _____
7. Do you meet the definition of an “Excessed Permanent Status Teacher” as defined in the Collective Bargaining Agreement? _____YES _____NO
8. State the number of your Years of Service in the DCPS system in a permanent status position counted under the terms of the DCPS Teachers’ Retirement Plan: _____ (Attach your most recent Benefit Statement or other proof)
9. Name of the school you were assigned to during the 2016-17 school year:

10. List all past positions with DCPS and the dates the positions were held:

11. What was your most recent IMPACT evaluation score? (Attach a copy to Application).

12. Describe the effort you made to interview for vacant positions for which you were qualified to secure a placement within DCPS during the sixty (60) calendar days following the effective date of your excess. Attach your Interview Log. If you interviewed at fewer than five (5) Schools, please explain why (attach additional pages as needed).



Washington Teachers' Union Voluntary Employee Benefits Association

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 an Option 1 (Buy-Out) or Option 3 (Year to Secure a New Placement with DCPS) benefit? (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 reemployment as a Permanent Status Teacher with the District of Columbia Public Schools.



Washington Teachers' Union Voluntary Employee Benefits Association

- 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

PLEASE RETURN YOUR APPLICATION BY E-MAIL, FACSIMILE, MAIL OR HAND DELIVERY TO:

Dr. Terence Ngwa, Executive Director
Washington Teachers' Union
1239 Pennsylvania Avenue, SE
Washington, D.C. 20003
Tngwa@wtulocal6.net
Fax: 202-517-0673

Following is a checklist of required attachments: Copies of:

- Driver's license or other photo identification with birthdate
- DC Teachers' Retirement Plan Benefit Statement or other proof of Years of Service under that Plan
- IMPACT Report
- DCPS Interview Log and explanation of interviews with fewer than five (5) schools, if applicable
- Excess letter from DCPS
- Retirement letter from DCPS, if applicable.