

Tuition Refund Program Claim Form Alberta Apprentices Only

Employee Name:		
Social Insurance Number:	F	Phone: ()
Email:		
Mailing Address:	City:	Postal Code:
Company Name:	Compar	ny Address:
City: Po	stal Code:	
Trade or Occupation Training:		Period (select one):
Date of Training (mm/dd/yyyy): Fro	m:/To: _	//Returned to Work://
The Merit Tuition Refund is to be pa	aid to the (check one):	Employer OR Employee
the sole purpose of determini former employer) and Merit C including but not limited to in educational institutions.	ng eligibility for, and adm contractors Association to formation from or to emp	related accompanying documentation, is collected, used, and disclosed for ninistration of, the Tuition Refund Program. I authorize my employer (or obtain or disclose information relating to this application as necessary, ployers, Merit Benefits, Merit Contractors Association, Merit National, and/or
I have read and accepted the ter	ms and conditions of	the Tuition Refund Policy:
Employee Signature:		Date:/
Employer Representative Name:		Position:
Representative Signature:		Date://
	of this calendar year, a	r the current tax year as taxable income. If your application is T4A Statement of Other Income Earned for this tax year will be issued

This completed form must be submitted, along with a copy of the employee's Progress Report (must include Alberta Apprenticeship Board letter) within six months from the date on the employee's letter from the Alberta Apprenticeship

Submit via email: tuition@meritalberta.com by fax: 780.455.2109 or mail to:

Merit Contractors Association 103-13025 St. Albert Trail Edmonton, Alberta T5L 4H5

- Keep copies of the completed claim form and backup documents for your personal records.
- Merit will not be held responsible for refund claims lost in transit or mail.
- Please allow at least six to eight weeks for processing.

Board stating the above has passed the apprenticeship training.