

## Tuition Refund Program Claim Form Ontario Apprentices Only

Employee Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Trade or Occupation Training: \_\_\_\_\_ Period (select one):

Date of Training (mm/dd/yyyy): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Returned to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Merit Tuition Refund is to be paid to the **(check one)**:  Employer **OR**  Employee

- Personal information contained in this application, and related accompanying documentation, is collected, used, and disclosed for the sole purpose of determining eligibility for, and administration of, the Tuition Refund Program. I authorize my employer (or former employer) and Merit Contractors Association to obtain or disclose information relating to this application as necessary, including but not limited to information from or to employers, Merit Benefits, Merit Contractors Association, Merit National, and/or educational institutions.

### I have read and accepted the terms and conditions of the Tuition Refund Policy:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Position: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This refund must be included in your annual tax return for the current tax year as taxable income. If your application is approved and paid before the end of this calendar year, a T4A Statement of Other Income Earned for this tax year will be issued to you no later than the end of February next year.

**This completed form must be submitted, along with a copy of the employee's Proof of Payment, Marks and Proof of Completion within six months** from the date on the employee's Proof of Completion stating the above has passed the apprenticeship training.

Submit via email: [tuition@meritalberta.com](mailto:tuition@meritalberta.com) by fax: **780.455.2109** or mail to:

**Merit Alberta**  
**103-13025 St. Albert Trail**  
**Edmonton AB 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.