

Complete this form and submit before you leave payroll



FUNDS FOR ALLIANCE DISTRIBUTION (FAD)

**AT&T/IBEW, ALCATEL-LUCENT and AVAYA
AGREEMENT FORM**

By this agreement **THE ALLIANCE FOR EMPLOYEE GROWTH AND DEVELOPMENT, INC.** (THE ALLIANCE) and _____ (employee), I agree to the following:

- 1) I am a member of an Alliance-eligible bargaining unit of either the Communications Workers of America (CWA) or the International Brotherhood of Electrical Workers (IBEW) and I intend to use my benefits under the Agreement between AT&T/IBEW, Alcatel-Lucent or Avaya Inc., known as Funds for Alliance Distribution (FAD).
 - If an employee elects to participate in one of the following programs; he or she will not be eligible for FAD: a) ECO/Extended Compensation Offer (Skills Match Center), b) OTP/Optional termination Pay, c) Voluntary Termination Offer (i.e. VTP, VSO, etc.)
 - If an employee elects to participate in one of the following programs: a) SLP/Special Leave Program or b) TLA/Transition Leave of Absence; he or she will be eligible if LAID-OFF at the expiration of the leave.
- 2) I authorize The Alliance to serve as my agent in providing educational, outplacement, or relocation services covered under the FAD Agreement.
- 3) I understand I will continue to be eligible for services covered by the FAD Agreement until either the expenditure of \$2,500 (\$5,000 if covered under the Installation MOA) allocated to my individual account, or until my eligibility expires two (2) years from date of my termination due to a force adjustment program. I further understand that all reimbursement requests must be submitted to The Alliance FAD program within sixty (60) days of the expiration of my eligibility.
- 4) For expenses incurred by myself chargeable to my FAD account, I understand that I will be required to submit acceptable receipts for such expenses prior to reimbursement. I also understand I must meet eligibility requirements and that once I exhaust the \$2,500 (\$5,000 if covered under the Installation MOA) in my individual account I am responsible for any additional charges that I may incur. Failure to meet eligibility requirements will result in a repayment liability.

(Last Name)	(First Name)	(M.I.)
(HRID# / ATTUID#)	(Termination Date)	(NCS/Service Date)
(Home Address including unit #)		
(City)	(State)	(Zip)
		(Home Phone)
(Applicant's Signature)		(Date)

Please send to:
The Alliance FAD Program
80 Cottontail Lane – Suite 320
Somerset, NJ 08873

800-323-3436 • Fax: 732-563-1724

Revised: 9/27/16