Western Michigan University

Employer Deferment Payment Plan Policy

This plan is available to students who qualify for their employer’s tuition reimbursement program which is contingent upon receiving a grade before the employee is reimbursed. The plan allows the amount of tuition and fees paid for by the employer to be deferred until 30 days after the end of the semester. Any amount of tuition and fees not paid for by the employer must be received by the tuition due date.

To qualify for the Employer Deferment Payment Plan, you will need to:

- Complete and sign the application/promissory note
- Have your employer complete the Employer Tuition Benefit Verification Form
- Pay the amount of tuition and fees not reimbursable by the employer

Please submit your application/promissory note and Employer Tuition Benefit Verification Form to: Western Michigan University, Accounts Receivable, 1903 W Michigan Ave, Kalamazoo, MI 49008-5210. Please direct any questions to (269) 387-2948. A new application/promissory note and Employer Tuition Benefit Verification Form must be submitted each semester.

A notification will be sent to your WMU email account on the approval or denial of your application. If you are approved, you will be given the instructions for enrolling online in the Employer Deferment Payment Plan. A $50 enrollment fee is payable upon enrollment. You will be required to enter a checking or savings account for payment of the enrollment fee and balance due. Your bank account will automatically be charged for the amount of tuition and fees due 30 days after the semester ends.

The student, not the employer, is responsible for timely payment of this loan. The loan is due in full 30 days after the end of the semester, regardless of employer reimbursement. The enrollment fee is non-refundable.
WESTERN MICHIGAN UNIVERSITY  
Application and Promissory Note for Employer Deferment Payment Plan

Submit this application to the Accounts Receivable Office, WESTERN MICHIGAN UNIVERSITY, 1903 W. MICHIGAN AVENUE, KALAMAZOO, MI 49008-5210. Applications can be turned in three weeks prior to the semester start date thru the third week of the semester you are applying for. Please sign, date and include all required documents. Keep a copy for your records.

Please print in blue or black ink.

1. WIN__________________________
2. ______________________/_________________/_________  
   Last Name                  First Name                  Middle Name                  Former Name
3. Current Address  
   ______________________/_________________/_________  
   Street                   City                     State                     Zip
4. Phone Number  
   ________/___________/_________/_________  
   Area Code                  Number
5. Birth date: Month _____ Day _____ Year ________  
   Sa. Semester Applying For ____________________________
6. Employer name: ________________________________________  
   Phone (_____) ____________________________
7. Employer Address: ____________________________
8. References: Must be completed by all applicants:

Reference #1 (address must be different from yours and from reference #2)

Name__________________________  
   Phone (_____) ____________________________
   Address__________________________/__________/_________/_________/_________  
   Street                    City                     State                     Zip

Reference #2 (address must be different from yours and from reference #1)

Name__________________________  
   Phone (_____) ____________________________
   Address__________________________/__________/_________/_________/_________  
   Street                    City                     State                     Zip

I certify and understand that if I am granted an Employer Deferment by Western Michigan University, I agree that:

1. I have attached the Employer Tuition Benefit Verification Form and it is signed by my employer. I agree to pay all tuition and fees that are not reimbursable by my employer before being allowed to enroll in the plan.
2. All deferment requests are subject to approval by WMU.
3. I understand that if approved for participating in the plan, WMU will contact me at my WMU email account with instructions of how to enroll in the Employer Deferment Payment Plan on line. I will pay a $50 enrollment fee upon enrollment in the plan for each semester that I apply. The fee is non-refundable. I will be required to enter a checking or savings account for the deferred payment of the tuition and fees, which is due 30 days after the semester ends. This amount will automatically be deducted from my checking or savings account on the due date.
4. Rights to participate in future Employer Deferment Payment Plans will be lost if an installment is not paid when due.
5. I will not be allowed to register for future semesters if my account is not paid in full or I have not made deferment arrangements.
6. If I default on my payment, WMU may cancel any classes that I have registered for future semesters.
7. If my student account is not paid when due, I will be responsible to pay all late fees, collection costs and attorney fees. Delinquent accounts will be sent to a collection agency and the debt will be reported on my credit report.

Your signature is required to complete this application. I have read and understand the Employer Deferment Payment Plan Policy of WMU. I hereby certify that all answers on this application and in all attachments thereto are true, correct and complete to the best of my knowledge. I authorize WMU to verify all information presented. I acknowledge that I am personally responsible for the tuition and fees if approved for deferral under this program. Misrepresentation and falsification of information may be subject to disciplinary and/or legal measures.

Signature ____________________________ Date ______________________
EMPLOYER TUITION BENEFIT VERIFICATION FORM

Student Information (to be completed by student)

___________________________________________________________________________
Name (Last, First, Middle Initial)
___________________________________________________________________________
Western ID Number (WIN) Email Address
___________________________________________________________________________
Address
City, State, Zip Code Phone Number

Employer Information (to be completed by your employer)

___________________________________________________________________________
Employer Name
___________________________________________________________________________
Address
City, State, Zip Code Phone Number

The individual listed above is an employee of our organization and is entitled to tuition benefits upon completion of the course(s). I have indicated below how much in dollars or percentages that our organization will pay for tuition and fees.

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<thead>
<tr>
<th>Authorized Percentage</th>
<th>Payment Amount</th>
<th>Charge</th>
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<tbody>
<tr>
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<td>Tuition</td>
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<td></td>
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<td>Required Fees*</td>
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<td></td>
<td></td>
<td>Course Fees</td>
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</tbody>
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*Required Fees include Enrollment Fee, Student Assessment Fee, Sustainability Fee, International Fee and Records Initiation Fee.

I certify the above named individual is employed by our company as of this date and is eligible for the educational benefit for tuition and fees which is reimbursed upon completion of the course and a grade issued.

___________________________________________________________________________
Signature Title

___________________________________________________________________________
Printed Name Date