

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. The employer tuition benefit counts as a resource in calculating financial aid, which might reduce the amount of financial aid you are eligible for. Any financial aid you receive will first pay toward your outstanding balance. A refund will only be issued if the balance is paid in full and a credit is still remaining.

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

- Complete and sign the application/promissory note (***dated no earlier than 30 days prior to the start of the semester***)
- Have your employer complete the Employer Tuition Benefit Verification Form (***dated no earlier than 30 days prior to the start of the semester***)
- 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, fax the form to (269) 387-4227, or email the form to wmu-billing@wmich.edu. 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 due when enrolling in the plan. The payment method used for the \$50 fee will be used for the payment 30 days after the end of the semester. Your bank account or credit/debit card will automatically be charged for the amount of tuition and fees due 30 days after the semester ends. All credit/debit card transactions are subject to a convenience fee of 2.85% or \$3, whichever is larger.

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 Plan

Submit this application to the Accounts Receivable Office, WESTERN MICHIGAN UNIVERSITY, 1903 W. MICHIGAN AVENUE, KALAMAZOO, MI 49008-5210, fax the form to (269) 387-4227, or email the form to wmu-billing@wmich.edu. Applications can be turned in no earlier, then 30 days 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. *All documents must be dated no earlier than 30 days prior to the start of the semester.* 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 _____ 4. Phone Number _____

_____ / _____ / _____ / _____ (_____) _____
Street City State Zip Area Code Number

5. Birth date: Month ____ Day ____ Year _____ 5a. 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 understand the payment method used for the \$50 fee will also be used for the deferred payment of the tuition and fees, which is due 30 days after the semester ends. This amount will **automatically** be charged to your bank account or credit/debit card on the due date. All credit/debit cards are subject to a convenience fee of 2.85% or \$3, whichever is larger.
4. Financial aid received will pay toward the account balance. A refund will only be issued if the balance is paid in full and a credit is still remaining.
5. Rights to participate in future Employer Deferment Payment Plans will be lost if an installment is not paid when due.
6. 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.
7. If I default on my payment, WMU may cancel any classes that I have registered for future semesters.
8. If my student account is not paid when due, I will be responsible to pay all late fees, collection fees which may be based on a percentage at a maximum of 39% of the debt, and attorney fees. Delinquent accounts will be sent to a collection agency and the debt will be reported on my credit reports.

Your signature is required to complete this application. I have read and understand the Employer Deferment Payment Plan Policy of WMU. I hereby certify all answers on this application and all attachments are true, correct and complete. 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 (complete no earlier than 30 days prior to start of semester)

Name (Last, First, Middle Initial)

Western ID Number (WIN) _____
WMU Email Address

Address

City, State, Zip Code _____
Phone Number

Employer Information (to be completed by employer no earlier than 30 days prior to start of semester)

Employer Name

Address

City, State, Zip Code _____
Phone Number

The student 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.

Authorized Percentage	Payment Amount	Charge
		Tuition
		Required Fees*
		Course Fees

*Required Fees include Enrollment Fee, Student Assessment Fee, Sustainability Fee, International Fee and Records Initiation Fee.

Completing this form does not make the company responsible for payment; the student, not the company, is responsible for the payment. 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