# OFFICE OF THE STATE COMPTROLLER
# FIRST RESPONDER FORM
# CSCU Tuition Form PA 26-12

**Eligibility for benefits is restricted to first responders, defined as certified or licensed law enforcement, fire service, or emergency medical service personnel, who have been employed for at least two years.**

***Section I. of this form must be completed by the employee requesting participation in the program. The form must be submitted to the Authorized Person at the Agency/Department to complete Sections II. and III. A copy of the completed form should be emailed to the employee at the address reflected below and a copy shall be submitted to the Comptroller's Office at Mark.Bissoni@ct.gov.***

**Please note that CSCU may have additional eligibility and application requirements necessary to receive the statutory tuition benefit.**

## I. EMPLOYEE PERSONAL INFORMATION – TO BE COMPLETED BY EMPLOYEE

| LAST NAME | FIRST NAME | M.I. | EMPLOYEE NO. | SOCIAL SECURITY NUMBER | DATE OF BIRTH | EMAIL ADDRESS |
|---|---|---|---|---|---|---|
| | | | | | | |

HOME ADDRESS (Street No., Name) (City, State, Zip Code)

| HIRE DATE | POSITION/TITLE | |
|---|---|---|
| | | |

## II. EMPLOYEE ELIGIBILITY FOR TUITION ASSISTANCE FROM CSCU

**Check the applicable box below to confirm that**:

☐ (a) the employee is a certified police officer, and
(b) the employee has been employed for at least two years

☐ (a) the employee is a career or volunteer firefighter, and
(b) the employee has been employed for at least two years, and
(c) the undersigned Chief agrees to participate in the Fire Service Benefits Registry once created

☐ (a) the employee is a licensed emergency medical service professional, and
(b) the employee has been employed for at least two years

## III. SIGNATURE

NAME & TITLE OF AUTHORIZED PERSON AT AGENCY/DEPARTMENT

| AUTHORIZED AGENCY SIGNATURE | PHONE | DATE |
|---|---|---|
| | | |