



Financial Planning Subsidy Application

Please send this completed form to the Boston College Benefits Office, 129 Lake St. A copy will be returned to you with approval noted.

Employee Information	
Name:	Eagle ID
Department:	Campus Extension:
Campus Address	Email Address:
Financial Planner Information	
Name:	Telephone #:
Business Name (if applicable):	Address:
Financial Planner Credentials (Please enclose descriptive materials, if available.)	
<input type="checkbox"/> Certified Financial Planner (CFP)	<input type="checkbox"/> Attorney
<input type="checkbox"/> Chartered Financial Consultant (ChFC)	<input type="checkbox"/> Insurance Agent/Broker
<input type="checkbox"/> Other (describe) _____	
Authorization	
<p>I intend to utilize the services of the above-named financial planner, and I wish to apply for the Financial Planning Subsidy offered by Boston College. If approved, I understand that I will be eligible for reimbursement of 80% of the financial planning fees, up to maximum reimbursement of \$650, upon submission to the Benefits Office of an itemized statement of charges. In applying for this subsidy, I release Boston College from any and all responsibility and liability for my choice of a financial planner and for any recommendations and decisions that may result from my utilization of financial planning services.</p> <p>Signature _____ Date ____/____/____</p>	
Benefits Use Only	
Application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Benefits Signature _____ Date ____/____/____	