



**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261 Fax (603) 271-1406
TDD Access: Relay NH 1-800-735-2964

16 JRC

**John Elias
Commissioner**

**Alexander K. Feldvebel
Deputy Commissioner**

November 30, 2018

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

The New Hampshire Insurance Department requests authorization to enter into an Educational Tuition Agreement and to pay costs not to exceed \$1,500.

INSTITUTION: College for America at Southern New Hampshire University

COURSES TITLES: Employee Human Resources
Account for Business
Use Math to Solve Problems
Improve Organizational Effectiveness

12 Completed Competencies
January 1, 2019 – June 30, 2019

EMPLOYEE: Jennifer Goodwin
Grants and Program Coordinator

DISTRIBUTION CODE: Funds to be encumbered from the following account:
02-24-24-24010-25200000-066-500544
Employee Training / Educational Training (Tuition)

TOTAL TUITION COST: \$1,500

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, New Hampshire 03301
Page 2

STATE SHARE: \$1,500-Agency Income

SOURCE OF FUNDS: Insurance Department Administrative Assessment

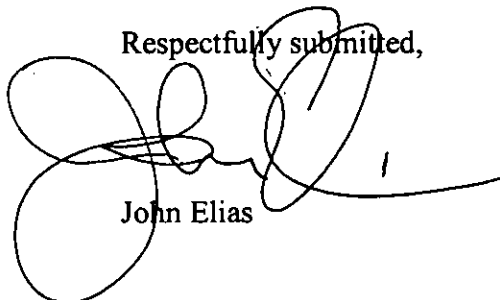
EXPLANATION

College for America at Southern New Hampshire University has partnered with the State of New Hampshire to provide state employees with low-cost, competency-based associate and bachelor degree programs. The employee is required to complete competency based projects to earn an Associate's Degree or a Bachelor's Degree.

This employee was hired by the Department as an Account Clerk III on May 30, 2008 and have had several promotions, most recently as a Grants and Program Coordinator as of June 9, 2017. The employee will be pursuing a Business Degree in Management with a concentration in Public Administration. Further development of the employee's communication skills and knowledge of management practices will build upon the employee's competency with respect to developing internal procedures to facilitate work flow for each program and preparing contracts to comply with state requirements. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

The employee will be completing projects on her own personal time. A fully executed tuition agreement is attached.

Respectfully submitted,



John Elias



STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT

COLLEGE FOR AMERICA


AGREEMENT dated this 30th day of November 2018 by and through the New Hampshire Insurance Department (hereinafter referred to as the "State") and, Jennifer Goodwin (hereinafter referred to as the "Recipient")

The State and the Recipient do hereby mutually agree as follows:

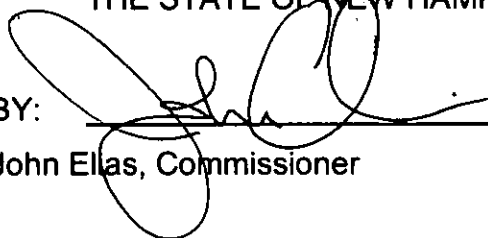
1. The State shall pay "per approval by Governor and Council" to the College for America the sum \$1,500.00 which monies shall be used for the sole purpose of enrolling the Recipient in a program for 12 projects to be earned within a 6 (six) month term being offered by College for America. The 6 month term shall commence on January 1, 2019 and will terminate on June 30, 2019.
2. The Recipient shall complete assigned projects in the 6 month term listed in paragraph 1.
3. Recipients enrolled in College for America shall provide documentation supporting projects completed per 6 month term.
4. Should the Recipient fail to complete any project during the 6 month term in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, within 60 days from the date the term was to terminate, provided, however, that if more than one project was completed during the 6 month term, listed in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
5. Upon the satisfactory completion of the 6 month term named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for the period of twelve (12) months.
6. Should the Recipient breach any of the conditions set forth in paragraphs 3 and 4, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to this Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hand on the date first above written.

RECIPIENT


Jennifer Goodwin

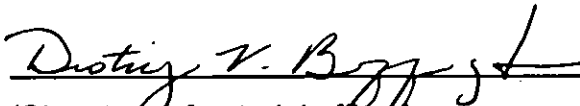
THE STATE OF NEW HAMPSHIRE

BY: 
John Elias, Commissioner

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this the 30th day of, November, 2018,
before me, Destiny V. Buffington, the undersigned officer,
personally appeared, Jennifer Goodwin, known to me (or
satisfactorily proven) to be the person whose name is subscribed to the within instrument and
acknowledged that she/he executed the same for the purposes herein contained.

In witness whereof, I hereunto set my hand and official seal


(Signature of notarial officer)

(Seal if any)



Justice of the Peace, State of New Hampshire

My commission expires 6/1/2021