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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

Roger A. Sevigny Commissioner

Alexander K. Feldvebel **Deputy Commissioner**

May 9, 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:

24 Completed Competencies

July 1, 2018 to December 31, 2018

EMPLOYEE:

Maureen Belanger

Insurance Company Examiner II

DISTRIBUTION CODE:

Funds to be encumbered from the following

account: FY19

02-24-24-24010-25200000-066-500544 Employee Training / Educational Training

(Tuition)

TOTAL TUITION COST:

\$1,500

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 each semester to earn an Associate's Degree in General Studies.

This employee was hired by the State of New Hampshire on May 13, 2016 as and Insurance Company Examiner II in the Market Conduct Division. The employee will be pursuing an Associate's Degree in General Studies which will provide her with an increased level of business skills by strengthening her critical thinking and problem solving abilities. Further development of the employee's communication skills and knowledge of management practices will build upon her competency in interfacing with insurance carriers, interagency personnel and in the employee's ability to independently evaluate insurance company actions in the New Hampshire marketplace. 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,

Roger A. Sevigr



STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT COLLEGE FOR AMERICA

AGREEMENT dated this <u>9th</u> day of May <u>2018</u> by and through the New Hampshire Insurance Department (hereinafter referred to as the "State") and, <u>Maureen Belanger</u> (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 which monies shall be used for the sole purpose of enrolling the Recipient in a program for 24 competencies projects to be earned within a 6 (six) month term being offered by College for America. The 6 month term shall commence on July 1, 2018 and will terminate on December 31, 2018.
- 2. The Recipient shall complete assigned projects in the 6 month term listed in paragraph 1.
- 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 <u>twelve</u> (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.

THE STATE OF NEW HAMPSHIRE

Maureen Belanger BY: Maureen Belanger	Roge	A. Sevig	ıny	-
STATE OF NEW HAMPSHIRE COUNTY OF MERRIMACK	•			· .
On this the 9 day of, May			<u>, 20</u>	18
On this the 9 day of, May before me, Sarah K. Prescott , personally appeared, Maureen Belanger	the	unders known	igned to	officer
satisfactorily proven) to be the person whose name is subscrib acknowledged that she/he executed the same for the purposes				ment and
In witness whereof, I hereunto set my hand and official s	eal			
MINNT				
(Signature of notarial officer)		٠.		• .
(Seal if any)				
	•			

SARAH K. PRESCOTT, Notary Public

REGIPIENT

My commission expires