

The State of New Hampshire **Insurance Department**

DR ID

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Roger A. Sevigny Commissioner

Alexander K. Feldvebel **Deputy Commissioner**

July 10, 2017

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:

12 Completed Competencies

September 1, 2017 - February 28, 2018

EMPLOYEE:

Brendhan Harris

Senior Fraud Investigator

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

STATE SHARE:

\$1,500-Agency Income

SOURCE OF FUNDS:

100% Other (Insurance Department

Administrative Assessment)

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EXPLANATION

College for America at Southern New Hampshire University has partnered with the State of New Hampshire to provide state employees with low-cost, competencybased associate and bachelor degree programs.

This employee was hired by the Department as an Insurance Company Examiner I (Insurance Fraud Investigator) on September 21, 2007 and then promoted to a Senior Fraud Investigator on September 9, 2008. The employee will be pursuing a Bachelor's 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 interfacing with insurance carriers, producers/brokers, consumers, and law enforcement agencies. 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 his own personal time. A fully executed tuition agreement is attached.

Respectfully submitted,

Alexander K. Feldvebel



STATE OF NEW HAMPSHIRE

EDUCATIONAL TUITION AGREEMENT COLLEGE FOR AMERICA

AGREEMENT dated this <u>17th</u> day of <u>July 2017</u> by and through the New Hampshire Insurance Department (hereinafter referred to as the "State") and, <u>Brendhan Harris</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 12 competencies to be earned within a 6 (six) month term being offered by College for America. The 6 month term shall commence on September 1, 2017 and will terminate on February 28, 2018.
- 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	THE STATE OF NEW HAMPSHIRE
Bullston	BY: alexander K Feldvebel
Brendhan Harris	Alexander K. Feldvebel
STATE OF NEW HAMPSHIRE COUNTY OF MERRIMACK	
On this the	ame is subscribed to the within instrument and
In witness whereof, I hereunto set my hand and official seal	
MMMT	SARAH K. PRESCOTT, Notary Public My Commission Expires June 10, 2020
(Signature of notarial officer)	
(Seal if any)	
Justice of the Peace, State of New Hampshire No fung Public My commission expires Tune 10, 2	2020