

Refer to the Dependent Tuition Assistance Fact Sheet at hr.osu.edu/benefits/educationtuition.htm for program guidelines. A separate form must be completed for each dependent.

Section I: Faculty/Staff Personal Information

Employee's Full Name: Last _____ First _____ MI _____ OSU Employee ID Number (Required) _____

E-mail Address _____ Daytime Phone Number _____

Is your spouse or same-sex domestic partner also employed by Ohio State? No Yes (if yes, please provide the information below)

Spouse/Same-Sex Domestic Partner's Full Name: Last _____ First _____ MI _____ OSU Employee ID Number (Required) _____

Section II: Dependent Information

My dependent plans to attend classes at The Ohio State University during the 20____ - 20____ academic year for the following quarter(s): (check all that apply) Application must be submitted by the deadline dates listed:

Entire Academic Year (July 15) Autumn (July 15) Winter (Nov. 1) Spring (Feb. 1) Summer (April 15)

Dependent's Full Name: Last _____ First _____ Date of Birth _____

Social Security Number (Required) _____ OSU ID #: _____

Dependent's Relationship to Employee: (please check only one option below)

Spouse¹ Employee's Dependent Child Same-Sex Domestic Partner¹ Same-Sex Domestic Partner's Dependent Child

¹ Proceed to Section III if this application is for a spouse or same-sex domestic partner.

Employee's & Spouse's Dependent: (complete if the dependent is your or your spouse's natural born child, adopted child, or foster child of at least five years.)

Is the dependent **age 23 or younger and eligible** to be claimed as a dependent on the employee's Federal Form 1040 U.S. Individual Income Tax Return for the academic year for which tuition assistance is requested? yes no

Is the dependent **age 24 or older and claimed** as a dependent on the employee's Federal Form 1040 U.S. Individual Income Tax Return for the academic year for which tuition assistance is requested? yes no

Employee's & Same-Sex Domestic Partner's Dependent: (complete if the dependent is your same-sex domestic partner's natural born child, adopted child, or foster child of at least five years.)

Is the dependent **age 23 or younger and eligible** to be claimed as a dependent on the same-sex domestic partner's Federal Form 1040 U.S. Individual Income Tax Return for the academic year for which tuition assistance is requested? yes no

Is the dependent **age 24 or older and claimed** as a dependent on the same-sex domestic partner's Federal Form 1040 U.S. Individual Income Tax Return for the academic year for which tuition assistance is requested? yes no

Section III: Certification

I provide this information to be used by the university for the sole purpose of determining the eligibility of the above dependent for tuition assistance. This information will be used solely for the administration of these benefits and filed within the Office of Human Resources. I understand that availability of these benefits is based on eligibility requirements and subject to any future changes in program provisions. I agree, upon request from the Office of Human Resources, to provide a copy of page one of my or my same-sex domestic partner's Form 1040 U.S. Individual Income Tax Return. I may remove the financial information from the tax return before submitting it to the Office of Human Resources.

I certify that my signature serves as confirmation that I meet the criteria outlined in the Benefits Eligibility Guideline for Dependents if this application is submitted for my same-sex domestic partner or the child of my same-sex domestic partner (hr.osu.edu/hrpubs/ben/depeligibility.pdf).

I have read and understand the tuition assistance program guidelines as detailed in the Dependent Tuition Assistance Fact Sheet (hr.osu.edu/hrpubs/ben/fs-tuitiondep.pdf). I am aware that tuition assistance for graduate-level fees over \$5,250 and the full tuition assistance for same-sex domestic partners and dependent children of same-sex domestic partners are currently subject to taxation. **Under penalties of perjury, I declare that the above information is true, correct, and complete. I acknowledge my responsibility to pay the full amount of tuition assistance in the event I am not eligible for tuition assistance.**

Employee's Signature _____ Date _____

For additional information, visit hr.osu.edu/benefits/educationtuition.htm, or contact the Office of Human Resources Customer Service Center at service@hr.osu.edu, (614) 292-1050, or 1-800-678-6010.

Submit completed application to: The Ohio State University, Office of Human Resources, Benefits/Tuition Assistance, 1590 N. High St., Suite 300, Columbus, OH 43201-2190, or fax to: (614) 292-7813.