

## Non-Employee Dependent Tuition Assistance Application

A separate form must be completed each term for each dependent. Refer to the Non-Employee Tuition Assistance Program at hr.osu.edu/benefits/tuition-assistance/non-employee. Dependents must have their social security number (SSN) on file within Buckeye Link before this dependent tuition assistance application can be processed. To add a Social Security number, use the change of record form on the Registrar's website. Following processing of this application, a tuition credit will appear on the student's statement of account before the term begins, unless the maximum beneft has been used.

SECTION 1: PERSONAL INFORMATION		
Applicant's Full Name: First	M.I. Last	OSU ID# (required)
Daytime Phone Number	Email Address	Social Security Number (required)
SECTION 2: DEPENDENT INFORM	ATION	
Application must be submitted by the hr.osu.edu/benefits/tuition-assista		application deadline calendar available at required each term.
I am enrolling my dependent for th each term.	e following term:	(Ex. Autumn '20). Separate applications required for
Dependent's Full Name: First	M.I. Last	Date of Birth
Social Security Number (required)	OSU student ID# (8-9 digits)	Gender: Male / Female
Dependent Tuition Assistance Plan  Spouse Dependent child		below — based on eligibility requirements defined in the
SECTION 3: CERTIFICATION		
tuition assistance. This information	will be used solely for the administra	se of determining the eligibility of the above dependent for ation of these benefts and filed within the Office of Human gibility requirements and subject to any future changes in
l certify that my signature serves as (hr.osu.edu/benefits/dependent-tui		eria outlined in the Dependent Tuition Assistance Plan
employee.pdf). I am aware that Non	-Employee tuition assistance is currorrect and complete. I acknowledge	(hr.osu.edu/wp-content/uploads/tuition-assistance-non-rently subject to taxation. Under penalties of perjury, I declare responsibility to pay the full amount of tuition assistance in ssistance.
Applicant's Signature	Date	
hrconne	nformation or to submit your form oction.osu.edu, (614)247-myHR (698) Representatives are available Mond	

If you print a hard copy, return completed form to:
The Ohio State University, Office of Human Resources, Benefits Processing,
1590 North High Street, Suite 300, Columbus, OH 43201-2190, or fax to: **614-292-7813**.