## HOW TO REQUEST THE BENEFIT

- Complete sections 1-5 of form.
- Send form and required documents (see "Dependent Child Eligibility and Required Documents" below for list) to the Danforth Benefits Office at the address on the form (see section 6).
- If your dependent is attending a school other than Washington University, send the Authorization to Release Student Information (located at the bottom of this page) directly to the school.

## WHEN TO REQUEST THE BENEFIT

Submit request after child has been accepted/committed to school, but prior to the first day of classes.
- Requests for benefit are accepted:
  - For the academic year: April-August, but no later than August 26, 2013.
  - For the summer semester: Apply separately from annual renewal no later than first day of classes at WUSTL.
  - For programs outside the normal semester start date: Prior to the first day of classes.

## WHAT TO EXPECT AFTER YOU REQUEST THE BENEFIT

After you submit the request: The Benefits office will verify you and your dependents eligibility, send an email confirmation to your WUSTL email address and will send the request form to Student Financial Services (SFS) for the payment process.

Payment to the school: SFS will contact the designated school and make payment arrangements. Payment will be sent directly to the school according to the terms on the invoice the school submits to WUSTL. Payment cannot be made until information is received from the designated school. SFS will send you a paper notification when payment is made.

Your responsibility: You are responsible for payments required by the school to retain your dependent’s enrollment. WUSTL is not responsible for a loss of enrollment status.

## WHO TO CONTACT WITH QUESTIONS

| For questions about tuition benefit, eligibility, required documents and form processing: | Kim Olivastro, Benefits, Senior Benefits Coordinator kolivastro@wustl.edu Phone: (314) 935-5759 / Fax: (314) 935-8198 |
| For questions about payment, number of eligible semesters and student status/school changes: | Christine Leonard, Student Financial Services Christine_Leonard@wustl.edu Phone: (314) 935-5973 / Fax: (314) 935-4037 |
| For additional information and the Dependent Child Tuition Assistance plan document visit: | The Human Resource website at http://hr.wustl.edu |

## DEPENDENT CHILD ELIGIBILITY AND REQUIRED DOCUMENTS

To be eligible, the dependent child must meet the IRS definition of dependent. In addition, two or more of the following documents must accompany the tuition request form, based on the child’s relationship to the employee. If you cannot provide the required documents listed below contact the Benefits office for further guidance. **Documents will not be returned. Please do not send originals.**

| Birth certificate: | Required once for each child. Send copy of state issued BC. Passports & hospital certificates will not be accepted. |
| Tax document: | Required each academic year for each dependent. For AY2013/2014, send 2012 federal tax return (form 1040) as proof that you claimed your child. Financial and other sensitive information may be concealed for your privacy. |
| Divorce decree: | If applicable, required each academic year for each dependent. In the event a birth or adopted child is not claimed by the employee due to divorce, send a copy of the first page of the divorce decree. Sensitive information may be concealed for your privacy. |
| Domestic partner verification form and proof of residency: | Required each academic year. Form on HR website http://hr.wustl.edu |

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## FOR ATTENDANCE AT SCHOOLS OTHER THAN WUSTL ONLY

**SEND THIS AUTHORIZATION DIRECTLY TO THE SCHOOL BEING ATTENDED**

## AUTHORIZATION TO RELEASE STUDENT INFORMATION FORM

### Name of School or University

<table>
<thead>
<tr>
<th>Student Name</th>
<th>SSN or Student ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Date of matriculation</td>
</tr>
</tbody>
</table>

Office responsible for processing third party payments:

I, ____________________________, authorize ____________________________ to share all required and requested information to Washington University in St. Louis for the purpose of receiving payment from the Dependent Child Tuition Assistance benefit plan on my behalf. This authorization should be valid for the duration of my undergraduate education at your school.

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STUDENT SIGNATURE__________________________ DATE__________________________

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Rev. 5/8/13_Dep Ch Tuition Form 2013.docx
Check One: ☐ New Request (First time eligible) ☐ Renewal (Spring or Fall semester) ☐ Summer

(1) EMPLOYEE REQUESTING THE BENEFIT
Employee Name: ___________________________ Employee ID #: ___________________________
Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Prof. ☐ Dr. ☐
Status*: ☐ Full Time ☐ Part Time ☐ Union ☐ Retiree FT ☐ Retiree PT ☐ Disabled ☐ Deceased
* I acknowledge that I will advise the office of Student Financial Services if my employment status at WU changes during the academic year.

Home Address (street/city/state/zip)
Department Number: ___________________________ Campus Box: ___________________________ WUSTL Phone#: ___________________________
Email Address: ___________________________ Home or Cell Phone#: ___________________________
Date of Hire: ___________________________ If you have eligible prior service at another university, has verification been sent to WUSTL Benefits office? ☐ No ☐ Yes ☐ N/A

(2) DEPENDENT CHILD INFORMATION
Name of Dependent: ___________________________ Gender: ☐ Male ☐ Female
Relationship to Employee: ☐ Child (Birth or Adopted) ☐ Step Child ☐ Child of Domestic Partner
Date of Birth: ___________________________ SSN: ___________________________ Student ID#: ___________________________
Has this dependent ever received WUSTL tuition benefits? ☐ No ☐ Yes If so, when?

(3) ELIGIBILITY & REQUIRED DOCUMENTATION
The following documentation, based on the dependent’s relationship to the employee, must accompany this request form:
Birth/adopted child: Birth certificate and either (a) 2012 tax return claiming child or (b) divorce decree
Step Child: Birth certificate and 2012 tax return claiming child
Child of domestic partner: Birth certificate, partner’s 2012 tax return claiming child, domestic partner verification form w/ proof of residency

(4) COLLEGE AND REGISTRATION INFORMATION
School to be attended: ☐ Washington University ☐ Other School***
Class Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
Mo/Yr classes begin/resume: ___________________________
Credits earned to date: ___________________________ Credits required for this undergrad degree:
Anticipated undergraduate degree graduation date (mo/yr): ___________________________ Is student enrolled in a 5 or 6 yr program? (ex: 3/2 program) ☐ No ☐ Yes

***IF ATTENDING SCHOOL OTHER THAN WUSTL, COMPLETE THE FOLLOWING
Name of school: ___________________________ Phone#: ___________________________
Address: (Include street/city/state/zip)

Has the Authorization to Release Student Information been mailed to the school? ☐ No ☐ Yes

(5) EMPLOYEE SIGNATURE
I verify that I have read the Dependent Child Tuition Assistance Plan restated as of July 1, 2012 as well as the Documentation Requirements and Helpful Information for the Dependent Child Tuition Assistance Plan. I certify that (i) the information on this form is complete and accurate; (ii) my child qualifies as a “dependent child” for federal income tax purposes; (iii) I will promptly notify the Benefits Department if my and/or my child’s eligibility status changes; and (iv) the courses for which I seek tuition assistance are for the purpose of fulfilling the requirements of a first bachelor’s degree or lesser degree. I will repay the benefit received in the event it is determined that my child does not qualify as a “dependent child” for purposes of federal income tax or the courses for which I received reimbursement were not for the purpose of fulfilling the requirements of a first bachelor’s degree or lesser degree. I acknowledge that the Benefits Department is requesting verification of my child’s dependent status, and may request verification that the courses for which I receive reimbursement are for the purpose of fulfilling the requirements of a first bachelor’s degree or lesser degree, to ensure that the Plan is being administered in compliance with IRS regulations.

SIGNATURE OF EMPLOYEE ___________________________ DATE ___________________________

(6) SEND FORM & DOCUMENTS TO:
CAMPUS MAIL: TUITION BENEFITS, CB 1190
USPS: Washington University, CB 1190, 7509 Forsyth Blvd, St. Louis, MO 63105
FAX: (314) 935-8198

(7) EMPLOYEE BENEFITS APPROVAL
I verify that the employee (parent) is eligible for benefits.

SIGNATURE OF EMPLOYEE BENEFITS REPRESENTATIVE ___________________________ DATE ___________________________

Docs Rec’d: ☐ BC ☐ Tax Follow up: (1) (2) (Final)

Notes: ☐ Denied Reason: ___________________________