

Request for Domestic Partner Tuition Assistance - Undergraduate Courses

Please read the plan document located at <http://hr.wustl.edu> for complete details about this benefit.
 To contact Benefits with additional questions (eligibility, etc) call 935-5759 or email kolivastro@wustl.edu

- Employee Instructions:**
- 1) Forms are due prior to the first day of class (in compliance with the plan document)
 - 2) Complete sections 1 through 4. Please print or type clearly.
 - 3) Mail original form to: Tuition Assistance, CB 1190. Retain a copy for your records.
 - 4) Student must complete registration at designated school. Please advise the school of your ID or SSN.

Section 1: Employee Information	
Employee Name	
Student ID	
Employee ID	
Campus Box	
Office Phone	
Email	
Union status	Non-Union / Union
Date of Hire	

Section 2: Student Information	
Student Name	
Student ID	
Email	
Daytime Phone	
Are these courses eligible for reimbursement under another plan (i.e., spouse's employer)?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach documentation

Section 3: Course Information				
Semester:	SPRING	SUMMER	FALL	WU school name:
Year:				
	Course #1	Course #2		Total
<i>Name of course</i>				-----
<i>Day/Time course meets</i>				
<i>Course and section #</i>				-----
<i>No. of credit hours</i>				
<i>Cost per credit hour</i>				-----
<i>Total cost this semester</i>				

Section 4: Employee Signature

I verify that I have read the Spouse/Domestic Partner Tuition Assistance Plan dated 1-1-12 and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due. I understand the tuition assistance benefits provided on behalf of my domestic partner are taxable to me. To ease the impact on my net pay, taxation will be spread over a two month (summer semester) or four month (fall and spring semester) period. During this period, my net pay will be reduced by the additional taxes withheld. I therefore authorize this increase in my current year's taxable income. If requested by Employee Benefits, I agree to submit an affidavit to certify the eligibility of my domestic partner. I understand that a passing grade must be achieved in order to retain the tuition benefit. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I understand that I will be responsible for all associated fees should my spouse decide to drop the course(s) enrolled in after the first week of class, or fail a course. Should I fail to remit payment for dropped classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

 Signature of Employee Date

Section 5: Employee Benefits Approval

I verify that this employee is a current, full-time employee eligible for benefits.

 Signature of Employee Benefits Representative Date

Section 6: Accounts Receivable Summary		ACCOUNTING DEPARTMENT USE ONLY				
	Total	Account to Credit in SIS				
Employee Benefit - 50% of total amount		DBEN	14	0000	7605	
		ACAD YR	TRANS CODE	LC	DEPT	BUOB
Amount Employee is responsible for paying		NOT APPLICABLE				
Total cost this semester		NOT APPLICABLE				
Date student account credits posted in SIS						