**INSTRUCTIONS**

1. Complete the attached form.
2. Send form and required documents (see Proof of Relationship and Financial Dependency) to the Danforth Benefits Office by the deadline (see When to Request the Benefit)
3. If your dependent is attending a school other than Washington University, send the Authorization to Release Student Information directly to the school. Do not send the Authorization to the Benefits Office.

**WHEN TO REQUEST THE BENEFIT**

Submit request after child has been accepted/committed to school, but prior to the first day of classes at WUSTL (regardless of school attended). Requests for benefit are accepted-

**For the academic year:** April-August, but no later than August 23, 2015

**For the summer semester:** Apply separately from annual renewal no later than May 17, 2015

**For programs outside the normal semester start date:** Prior to the first day of classes for the session being attended

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**WHAT TO EXPECT AFTER YOU REQUEST THE BENEFIT**

**After you submit the request:** Allow three weeks for processing. Upon approval the Benefits office will send an email confirmation to the email address indicated on the form (or your WUSTL email) and will forward the approved request to Student Financial Services (SFS) for payment processing.

**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 that 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.

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**CONTACT INFORMATION**

Questions about the tuition benefit, eligibility, required documents or general questions should be directed to: Kim Olivastro, Benefits, Senior Benefits Coordinator<br>kolivastro@wustl.edu Ph: (314) 935-5759 Fax: (314) 935-8198

Questions about payment status or payment amount should be directed to: Gayla Loftin, Student Financial Services representative, lofting@wustl.edu Ph: (314) 935-5973 Fax: (314) 935-4037

To access forms, summary of required documents, and the Dependent Child Tuition Assistance plan document: Human Resources (HR) website http://hr.wustl.edu

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**PROOF OF RELATIONSHIP AND FINANCIAL DEPENDENCY IS REQUIRED**

To be eligible, the dependent child must meet the dependency test found in the Dependent Child Tuition Assistance plan document. Two or more of the following documents must accompany the tuition request form, based on the child’s relationship to the employee. Documents will not be returned. Do not send originals.

**Birth Certificate:** Required once for each child. Not needed for renewals. Send copy of state issued BC. (No passports or hospital certificates)

**Proof of financial dependency Tax Return or Affidavit:** Required each academic year for each dependent. For AY2015/2016, send the first page of 2014 federal tax return (form 1040) as proof that you claimed your child. Financial and other sensitive information may be concealed for your privacy. For more details please review the Summary of Documentation Requirements located on the HR website at http://hr.wustl.edu.

**Domestic Partner Declaration and Proof Of Residency:** Required each academic year. Declaration located on HR website http://hr.wustl.edu

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**AUTHORIZATION TO RELEASE STUDENT INFORMATION**

Important! Most schools require the student’s authorization before they will communicate with WUSTL. Submit the authorization directly to the school to be attended prior to the beginning of the first semester of attendance. If your student changes schools you must submit an authorization form to the new school. The form can be found on the forms page of the HR website.
## 2015/2016 REQUEST
### DEPENDENT CHILD TUITION ASSISTANCE

**CHECK ONE:**  
- ☐ New Request (first time eligible)
- ☐ Renewal (fall or spring semester)
- ☐ Summer

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>EMPLOYEE ID:</th>
<th>DEPARTMENT NO:</th>
<th>CAMPUS BOX:</th>
</tr>
</thead>
</table>

**EMPLOYMENT STATUS:**
- ☐ Full Time Active
- ☐ Retired FT
- ☐ Deceased
- ☐ Part Time Active
- ☐ Retired PT
- ☐ Bargaining Unit
- ☐ Disabled

**HOME ADDRESS:**

**BEST METHOD OF CONTACT (please list an email or phone#):**

**DATE OF HIRE:**

**PRIOR SERVICE:**  
If you have eligible prior service from another university, has verification been sent to WUSTL Benefits Office?  
- ☐ YES
- ☐ NO
- ☐ N/A

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>GENDER (circle):</th>
<th>SCHOOL ISSUED STUDENT ID or SSN (REQUIRED):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF BIRTH:**

**RELATIONSHIP TO EMPLOYEE:**
- ☐ Child (Birth or Adopted)
- ☐ Step Child
- ☐ Child of Domestic Partner

**CREDIT HOURS EARNED TO DATE**  
(do not include A/P or college credits earned while in high school):

**CLASS LEVEL:**
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

**CREDIT HOURS REQUIRED FOR UNDERGRADUATE DEGREE:**

**MONTH/YEAR CLASSES BEGIN/RESUME:**

**ANTICIPATED GRADUATION DATE:**

**SCHOOL:**

**PHONE NO:**

**ADDRESS:**

**HAS AUTHORIZATION TO RELEASE STUDENT INFORMATION BEEN MAILED TO THE SCHOOL?**  
- ☐ YES
- ☐ NO

### ELIGIBILITY & REQUIRED DOCUMENTATION

Proof of relationship and financial dependency must accompany this request form. See instruction page for details.

### EMPLOYEE SIGNATURE

I verify that I have read the Dependent Child Tuition Assistance Plan restated as of July 1, 2015 as well as the Documentation Requirements for the Dependent Child Tuition Assistance Plan. I certify that (i) the information on this form is complete and accurate; (ii) my child meets the criteria of an eligible dependent child under the benefit guidelines; (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; (v) I will repay the benefit received in the event it is determined that my child does not qualify as an eligible dependent child 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**

### SEND RENEWAL FORM

**EMAIL:** kolivastro@wustl.edu  
**CAMPUS MAIL:** TUITION BENEFITS, CB 1190  
**FAX:** (314) 935-8198  
**USPS:** Washington University Benefits, CB 1190, 7509 Forsyth Blvd, St. Louis, MO 63130

### EMPLOYEE BENEFITS APPROVAL

I verify that the employee (parent) is eligible for benefits.

**SIGNATURE OF EMPLOYEE BENEFITS REPRESENTATIVE**  

**DATE**

**Docs Rec’d:**  
- ☐ BC  
- ☐ FIN DEP  
- ☐ DP  
- ☐ PR SERV

**SEMMESTERS GRANTED:**  
- ☐ ENTERED IN HRMS
- ☐ REQUEST DENIED

**Follow up:**  
- (1)_________________
- (2)_________________
- (Final)_____________