

**NEW YORK UNIVERSITY
PORTABLE TUITION BENEFIT PLAN APPLICATION**

Questions About a Payment?
Call EBPA at
1-800-258-7298 extension 11690

For Dependent Child of Faculty, Professional Research Staff, and Administrative & Professional Staff at NYU (excluding the Medical School) Attending Undergraduate College or University (Other Than NYU)

Academic Year _____ - _____

Exclusions: The benefit does not extend to temporary employees, visiting faculty or fellows, post-doctoral researchers, part-time employees or those in object codes other than 100, 102, or 103.

Instructions:

- Read the policy (www.nyu.edu/hr) and complete all sections of this form
- Attach an itemized bill for the current term. Bill must include any awards or scholarships received
- If you **do not** have proof of relationship on file in the NYU Benefits Office, **attach** a copy of the proof to this form (see policy at www.nyu.edu/hr for details including required proofs)
- Payments are processed by EBPA. **Mail form to: EBPA, Reimbursement/FSA, PO Box 1140, Exeter, NH 03833-1140**
- **EBPA will mail a check to your dependent child's college or university** within 3 weeks of receipt of a properly completed application and documentation. *You are responsible for ensuring this application is submitted in time to meet the deadline for payment at your dependent child's school. Each school has a different schedule for payments*
- Applications will be accepted by EBPA **beginning July 1st** but must be received **no later than:**

| | |
|---|--|
| November 30th for the fall term | February 28th for the winter term |
| April 30th for the spring term | September 30th for the summer term |
- If you have questions about a payment to a school, call EBPA at 1-800-258-7298 extension 11690

Employee Information

| | | |
|---|--|--------------|
| Last name | First name | SSN |
| Residence address | City | State Zip |
| Home telephone (include area code) (____) _____ - _____ | Work telephone (____) _____ - _____ | |
| Check your employee classification: <input type="checkbox"/> Faculty (102) <input type="checkbox"/> Professional Research Staff (103) <input type="checkbox"/> Administrative & Professional Staff (100) | | |
| If your spouse or same sex domestic partner is employed by NYU , provide the following information: | | |
| Last name | First name | SSN |

Dependent Child Information (*Information in this section relates to your dependent child who is a full-time student matriculated for an undergraduate degree attending an accredited college or university, other than NYU*)

| | | |
|--|---|------------------------|
| Last name of dependent child | First name of dependent child | SSN of dependent child |
| Name of undergraduate institution | Date of birth of dependent child ____/____/____ | |
| Date this dependent child began undergraduate study ____/____/____ | Application is for academic year ____ - ____ ; payments should be made by: <input type="checkbox"/> semester <input type="checkbox"/> trimester <input type="checkbox"/> quarter | |
| The dependent child named above is my dependent and is (check one) <input type="checkbox"/> my biological child <input type="checkbox"/> my legally adopted child <input type="checkbox"/> my stepchild, who is the biological or adopted child of my current spouse <input type="checkbox"/> the biological or adopted child of my registered same sex domestic partner (<i>under current IRS regulations benefits paid to such a child would be taxable to you</i>) | | |

Employee Statement *By this application, I acknowledge that I have read in full the NYU policy governing portable tuition benefits for full-time regular Faculty, Research and Administrative & Professional staff. I certify that the person named on this application is my dependent child as defined in the policy. By signing this form I acknowledge my liability to return a prorated portion of this benefit upon my resignation or termination from employment at New York University during a term for which a benefit has been awarded.*

| | |
|-------------------------------------|-------------|
| Parent (employee) signature: | Date |
| _____ | _____ |