

**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 Former Full-Time NYU Employees (excluding the Medical School) Attending Undergraduate College Or University (Other Than NYU)
Administrative/Professional (100), Faculty (102), Professional Research (103)

Exclusions: The benefit does not extend to children of employees, who do not meet the eligibility requirements for retirement, disability retirement, layoff, or death. See the policy for details.

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 the dependent child's college or university** within 3 weeks of receipt of a properly completed application and documentation. *This application must be submitted in time to meet the deadline for payment at the 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

Former NYU Employee Information

Last name		First name		SSN
Residence address		City	State	Zip
Home telephone (include area code) (____) _____ - _____		Month/Year of Separation from NYU ____ / ____ / _____		
Check former employee's classification: <input type="checkbox"/> Faculty (102) <input type="checkbox"/> Professional Research Staff (103) <input type="checkbox"/> Administrative & Professional Staff (100)				
If a spouse (or same sex domestic partner) is currently employed by NYU or meets the eligibility rules as a retiree, or lay off, provide the following information:				
Last name		First name		SSN

Dependent Child Information (*Information in this section relates to the 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 20__ - 20__; payments should be made by: <input type="checkbox"/> semester <input type="checkbox"/> trimester <input type="checkbox"/> quarter		
The dependent child named above is a dependent of the former NYU employee and is (check one) <input type="checkbox"/> the biological child <input type="checkbox"/> the legally adopted child <input type="checkbox"/> the 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 the former NYU employee</i>)				

Former Employee's Statement *By this application, I acknowledge that I have read in full the NYU policy governing portable tuition benefits on the HR website certify that the person named on this application is a dependent child as defined in the policy and is matriculated in an undergraduate degree program at an accredited college or university other than NYU.*

Former Employee's Signature _____	Student Signature _____	Date _____
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