

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

Questions About a Payment? Call
EBPA at
800-578-3272 / Fax: 603-773-4415

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 who are not Faculty, Professional Research Staff, or Administrative and Professional Staff.

Instructions:

- Read the plan (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, and College name and address.
- 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 this form to: EBPA, Reimbursement/FSA, PO Box 1140, Exeter, NH 03833-1140, fax to 603-773-4415, or submit the required documents online at www.ebpabenefits.com.**
- **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 starting July 1st for the beginning of each academic year, but must be received no later than:
November 30 for the fall term • **April 30** for the spring term • **February 28** for the winter term • **September 30** for the summer term
- If you have questions about a payment to a school, call EBPA at 1-800-578-3272

Employee Information

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

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		Last 4 of SSN XXX-XX-____
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 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 plan 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 plan.*

Parent (employee) signature:	Date
_____	_____