

2009-2010 Qualified Dependent Educational Benefits Request Form



OHIO UNIVERSITY

See Page 2 for Instructions - Incomplete Information Will Delay the Process

STUDENT INFORMATION

Name: _____ Student PID#: _____
Last, First, M.I.

Check one:

- Child*** Child is a dependent for tax purposes in 2009 Yes No
Child is a dependent for tax purposes in 2010 Yes No
- Spouse**

Domestic Partner* (Registered with the Benefits Office)

Check one:

- Graduate Undergraduate

****Please note:** Certain programs are not eligible for educational benefits, see *Information Regarding the Educational Benefits Program* on the following page for more details.

ENROLLMENT INFORMATION:

Quarter(s) of Enrollment: *Check all that apply* College Enrolled: _____
 Fall Winter Spring Summer

EMPLOYEE INFORMATION:

Name: _____ Campus Employed: _____
Last, First, M.I.

Employee ID#: _____ Department: _____

Address: _____ Position: _____
Home Street Address (If parent or spouse is deceased, use Student Address)

Phone: _____
City State Zip

Employee is/was: *Check all that apply*

- Administrative Staff Full Time Retired
 Classified (Non-Bargaining) Part Time Approved Leave
 Classified (Bargaining) Contract Group II FTE: _____ Deceased
 Faculty

SIGNATURES

I hereby apply for the Educational Benefits Program for undergraduate and/or graduate study for qualified dependents of faculty, administrative, and classified employees at Ohio University. I understand that eligibility for this benefit is contingent upon continued employment status or retirement of the employee, whose signature appears below.

Student Signature: _____ Date: _____

**As the employee I understand that I will be subject to withholding taxes under regulations of the Internal Revenue Service for non tax dependent children receiving undergraduate benefits and any child or spouse receiving graduate (500 level or above) benefits. Withholding taxes apply to benefits provided to Domestic Partners enrolled in both undergraduate and graduate level courses.*

[View the Tax Withholding Schedule](#) Please contact the Payroll Department at 593-1860 for further information.

Employee Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE EDUCATIONAL BENEFITS REQUEST FORM FOR QUALIFIED DEPENDENTS OF OHIO UNIVERSITY EMPLOYEES

- 1) Please complete the request form thoroughly. If the employee is retired or deceased remember to also include their employee number, previous employment type & department, (e.g. full-time, administrative, Journalism). If the employee is deceased, please provide the student's home address in the employee information section.
- 2) The Educational Benefits Credit will be applied to your account automatically each quarter and will adjust according to the number of hours enrolled. Early receipt of this form can ensure correct billing. If you receive a bill for the incorrect amount you may contact our office to verify the amount of educational benefit that was applied to your account.
- 3) If you are taking classes through the Without Boundaries Department or Independent Study Offices please contact our office or send us a copy of your bill. This information is required to ensure that your credit is applied correctly.
- 4) The Educational Benefits Request Form must be submitted once every academic year. This form will remain on file for Fall - Summer Quarters.
- 5) Educational programs offered through Community and Professional programs are not eligible for educational benefits.

Information Regarding the Educational Benefits Program

The educational benefit represents 100% of the Instructional Fees & Non-Residency Fees when applicable; these are pro-rated for qualified dependents of part-time employees.

- General Fees, [Student Legal Fee](#), [Health Insurance Fee](#), the [WellBeing Plan Fee](#), special course fees, technology fees, lab fees, OPIE courses, audited course fees and late/cancellation fees are not covered.
- Certain programs noted on the following site are **not eligible for educational benefits**. Visit <http://online.ohio.edu/partnerprograms.htm> for more information.

Taxation

Benefits will be subject to withholding taxes under regulations of the Internal Revenue Service for the following:

- Non tax dependent children enrolled in undergraduate courses
- Children or spouse enrolled in graduate level courses
- Domestic Partners enrolled in both undergraduate and graduate level courses

To view the tax withholding schedule, visit the Payroll website at:

<http://www.finance.ohiou.edu/payroll/employeeinfo.htm>

To verify the application of credit to your account visit the following website:

<http://www.ohio.edu/finance/bursar/eAccount.cfm>

Please return this form and direct questions to:

Ohio University Human Resources

Attn: Educational Benefits

Human Resources & Training Center

169 West Union Street, Athens, OH 45701

(740) 593-1636

<http://www.ohio.edu/hr/benefits/educational/index.cfm>

NOTE: In accordance with Federal and State Financial Aid Law, if you receive any Federal, State, or Ohio University student financial aid as a result of incomplete or incorrect information, or your financial aid status changes, you must repay all financial aid to which you were not entitled. Any person who knowingly makes a false statement or misrepresentation in the application for student financial aid is in violation of the law and is subject to criminal prosecution and also subject to Ohio University disciplinary action.