

ROCHESTER INSTITUTE OF TECHNOLOGY

Tuition Waiver Benefit – Family Member Information For Regular Employees

Employee Name: _____ Employee No.: _____

Academic Year: _____ Category: Full-Time Extended Part-Time Part-Time Retiree LTD

Day Time Phone Number: _____ E-Mail Address: _____

SPOUSE OR DOMESTIC PARTNER

Name: _____ RIT UID#: _____

Relationship to Employee: Spouse Domestic Partner (affidavit must be on file with RIT HR Department)
Date of Birth: _____

CHILDREN

Name #1: _____ RIT UID#: _____

Relationship to Employee: _____ Date of Birth: _____
 Daughter Step-daughter Domestic Partner's daughter
 Son Step-son Domestic Partner's son

Child's tax status (Note: ex-spouse is the child's other parent):

- this child was reported as a dependent on my or my ex-spouse's most recent federal income tax return and is expected to be reported as a dependent on the current year's return.
 this child is not reported as a dependent on my or my ex-spouse's federal income tax return

Name #2: _____ RIT UID#: _____

Relationship to Employee: _____ Date of Birth: _____
 Daughter Step-daughter Domestic Partner's daughter
 Son Step-son Domestic Partner's son

Child's tax status (Note: ex-spouse is the child's other parent):

- this child was reported as a dependent on my or my ex-spouse's most recent federal income tax return and is expected to be reported as a dependent on the current year's return.
 this child is not reported as a dependent on my or my ex-spouse's federal income tax return

TUITION ASSISTANCE

Check one box below for each family member listed above:

<u>Spouse/Dom. Part.</u>	<u>Child #1</u>	<u>Child #2</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applied for tuition assistance from his/her employer; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	will apply for tuition assistance from his/her employer; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not eligible for tuition assistance from his/her employer; or
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not applicable, family member not employed.

EMPLOYEE SIGNATURE

I understand and affirm that

- RIT reserves the right to change, modify, audit, discontinue or terminate benefits at any time for any reason;
- Waivers are available for eligible family members under the terms of the tuition waiver benefit plan and apply only to direct tuition charges; students will be invoiced for fees, room, board, and uncovered tuition by the RIT Student Financial Services Office;
- If the waiver benefit is taxable, I will receive an invoice from RIT for the taxes and I must pay RIT in full upon receipt of the invoice; my Form W-2 will be adjusted to include additional income for the waiver and taxes paid. *If I fail to remit the taxes to RIT by the due date, I authorize RIT to withhold the amount due for taxes from my pay. In addition, the student will be prevented from registering for additional classes until the tax amount due is paid in full.*
- Full-time matriculated students must apply for New York State's Tuition Assistance Program (TAP). Application information is available at RIT's Office of Financial Aid and Scholarships. The combined value of the tuition waiver and the TAP award will not exceed the amount of tuition;
- Tuition waivers may be combined with other RIT scholarships or grants up to the full amount of tuition each year;
- Any family member who is eligible for tuition assistance through his/her employer should apply for that benefit;
- I affirm that the family member(s) named above is eligible for Tuition Waiver. I understand that if I submit this form for a family member who is not eligible that I will be in violation of RIT Policy which may result in ineligibility for Tuition Waiver benefits and/or discipline up to and including termination of employment;
- I have read the plan information and understand and agree to the plan provisions.

Employee Signature

Date

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