

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

Questions About a Payment?  
Call EBPA at  
1-800-578-3272

**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](http://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](http://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 1<sup>st</sup>** but must be received **no later than:**  

<b>November 30<sup>th</sup></b> for the fall term	<b>February 28<sup>th</sup></b> for the winter term
<b>April 30<sup>th</sup></b> for the spring term	<b>September 30<sup>th</sup></b> for the summer term
- If you have questions about a payment to a school, call EBPA at 1-800-578-3272

**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.*

<b>Former Employee's Signature</b>	<b>Student Signature</b>	<b>Date</b>
_____	_____	_____