INSTRUCTIONS

EMPLOYEE DEPENDENT TUITION FEE WAIVER APPLICATION

Section 1: To be completed by the employee. The employee must sign, certifying that the dependent student meets the eligibility requirement in IRS section 152 and that if asked the employee will provide evidence of such.

The form should then be given to Human Resources to Certify Eligibility. Form may be delivered to the HR Building, emailed to benefits@uidaho.edu, or faxed to 885-3330. After Human Resources certifies eligibility, the signed form will be returned to the employee.

Section 2: To be completed by Student Financial Aid Services if the dependent student has financial aid awards and needs more information to make a decision about choosing between the institutional financial aid awards they have been offered and the Employee Dependent Tuition Waiver.

The form may be delivered to Student Financial Aid Services in SUB 101 (a drop box is located on the wall outside the office for after-hours delivery), emailed to finaid@uidaho.edu, or faxed to 208-885-5592. Forms delivered to the Financial Aid Office will be available for pick-up 24 hours after they are dropped off during regular business days.

Section 3: To be completed by the dependent student if they elect to use the Employee Dependent Tuition Waiver and they understand/agree with the all of the statements listed in Section 3.

To receive the Employee Dependent Tuition Waiver benefit, the application must be delivered to the Student Accounts office with sections 1 and 3 completed. Section 2 is optional with information provided upon request to assist in making a decision.

Section 4: After ensuring that all required sections have been filled out and signed, please submit the Employee Tuition Waiver Application at Student Accounts at Room 125 at the Student Union Building. Waivers will be posted within two business days of receipt at Student Accounts.

Phone 208.885.7447
Fax 208.885.9209
875 Perimeter Dr MS 4250
Moscow, ID 83843-4250

EMPLOYEE DEPENDENT TUITION FEE WAIVER APPLICATION

University of Idaho

Under the Employee Dependent Education Tuition & Fee Waiver Program (FSH 3780), enrollment in the University for reduced fees (50% reduction of in-state tuition and fees) is extended to the dependents (as defined by the Federal Income tax code, Sect. 152) of board-appointed UI employees on regular appointment who work at least half-time, including those on official leave. The Employee Dependent Tuition & Fee Waiver Program is a qualified tuition reduction plan under Sect. 117 of the Internal Revenue Code. Under this program, fees waived for enrollment in undergraduate courses are exempt from federal, state and social security taxes. Provisions of federal or state law may, however, change at any time. Please consult your personal tax advisor for implications to your individual situation.

LIMITATIONS:

- Student must be degree-seeking.
- Waiver applies only to in-state tuition.
- Waiver only applies to Fall and Spring semesters.
- Waiver can only be used by each student for a maximum of eight semesters.
- Only one dependent per household at a time may use the waiver.
- Student must meet dependent eligibility requirements set forth in current IRS Federal Income Tax Code (Title 26 – Section 152). Please see the following link for IRS code dependent definitions on this matter (http://www.law.cornell.edu/uscode/text/26/152)
- Student must re-apply each term.

SECTION 1: TO BE REVIEWED AND SIGNED BY EMPLOYEE:

If an employee's appointment is terminated during a semester for which the employee's dependent is registered for academic work under this policy, the Employee Dependent Tuition & Fee Waiver is cancelled. As with all students who enroll in the university, the student is responsible for the remaining balance after waiver cancellation.

By applying for this waiver, I, _____print employee name_____, a board-appointed employee of the University, verify that my dependent and I meet the requirements outlined above. The dependent student,
_____print student name_____, meets the eligibility requirements in IRS section 152. If asked by the university, I will provide certain evidence (e.g., federal tax return) to support verification of eligibility. I acknowledge that fraudulent certification of dependent eligibility by an employee may be grounds for discharge, and I would be required to repay all costs associated with this benefit .

Date_____

Employee Signature _____Employee ID **V**_____

Department Employed by_____ Title/Position_____

TO BE COMPLETED BY HUMAN RESOURCES: CERTIFICATION OF ELIGIBILITY

_____ _____
Human Resources Signature Date

Printed Student Name (Last, First)

ID Number

Term/Year

Term/Year

SECTION 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICE TO ASSIST IN YOUR DECISION:

Term: _____ The dollar values listed are based on full-time enrollment.

Dollar value of institutionally funded financial aid offered to student:_____sem/_____yr

Dollar value of Employee Dependent Tuition Waiver:_____sem/_____yr

Financial Aid Signature: _____Date:_____

ID Number

SECTION 3: TO BE REVIEWED AND SIGNED BY DEPENDENT STUDENT:

I understand that institutional scholarship funds cannot be taken at the same time as the Employee Dependent Tuition waiver, and have all of the information that I need to make my decision below.

For the semester of _____, I am choosing to use:

(Pick only one)

- ☐ **Keep institutionally funded financial aid and decline waiver.**
- ☐ **Use Employee Dependent Tuition Waiver: I authorize Student Financial Aid to cancel all my institutionally funded scholarships.**

Internal Use Only

FALL ☐ SPRING ☐

STAFFD AMT POSTED_____

SCHOL ADJ _____ AMT _____

AWD LTR____MSG____OVRD___

Initials _____ Date_____

By applying for this waiver:

- I acknowledge that I am responsible for all fees if the waiver should be cancelled (i.e., if the employee separates from the university.)
- I can use this waiver for a maximum of eight semesters, and only for Fall or Spring terms.
- I have read and understood the rules & limitations on both sides of this form.
- I understand if I select the Employee Dependent Tuition Waiver, all institutionally funded financial aid will be cancelled.

Date_____

Dependent Name _____Relationship to Employee_____

Dependent Signature _____Student ID Number _____

Printed Student Name (Last, First)

After completion by Human Resources and Financial Aid, this form must be returned to: Student Accounts/ Cashiers, 875 Perimeter Drive MS 4250, Moscow, Idaho 83844-4250 (SUB Room 125). Fax: 208-885-9209

SECTION 4: TO BE COMPLETED BY STUDENT ACCOUNTS:

Semesters waived:	201210	201220	201310	201320	201410	201420
	201510	201520	201610	201620	201710	201720
	201810	201820	201910	201920	202010	202020

Matriculated? Y N

Total credits at time waiver posted: _____ Amount waived : _____

	Date	Initials
Form received	_____	_____
Waiver Posted	_____	_____
Fin Aid Notified	_____	_____
Spreadsheet updated	_____	_____

Comments: _____

_____

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Revised Nov 2, 2012