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|--------------|-------------------------------|---------------------------|-----------------|
| Name: | Social Security Number | Employee ID Number | College: |
|--------------|-------------------------------|---------------------------|-----------------|



TUITION WAIVER ELIGIBILITY FORM

Benefit Eligible Employees: Please list the dependent information requested below. Please check the appropriate action.

| <i>Relationship</i> | <i>Action</i> | <i>Name</i> | <i>Birth Date</i> (MM/DD/YYYY) | <i>Social Security Number</i> |
|---------------------|---|-------------|-----------------------------------|-------------------------------|
| <i>Spouse</i> | Add <input type="checkbox"/> Delete <input type="checkbox"/> | | | |
| <i>Child</i> | Add <input type="checkbox"/> Delete <input type="checkbox"/> | | | |
| <i>Child</i> | Add <input type="checkbox"/> Delete <input type="checkbox"/> | | | |
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| <i>Child</i> | Add <input type="checkbox"/> Delete <input type="checkbox"/> | | | |

Note: If this qualifies as a Change of Family Status, additional forms must be completed. Please contact the Benefits Dept. for additional information. "Dependent Child: An unmarried child (less than 24 years old) of MCCC employee who is able to be claimed as an exemption for state and federal tax purposes." Online version of the tuition waiver handbook is available at:

<http://www.maricopa.edu/publicstewardship/resources/tw.php>

Signature _____ Date _____ Input by _____ Date _____