## **Ball State University**

## **Employee Benefit Program Application for Spouse/Dependent Child Fee Remission**

**Instructions:** Complete Sections I, II, and III of this form and submit to the Payroll & Employee Benefits Office. Each application form validated by the PEB Office will be forwarded to the Student Financial Assistance Office for review and coordination with other student financial aid programs. The PEB Office will return one copy of the approved form to the employee or student if employee is deceased.

If this application is not approved, it will be returned to you with the comment(s) indicated. Questions should be addressed to the PEB Office. **NOTE:** An application for fee remission under this program must be submitted for each semester or summer term.

I.	Student Information: Fee Remission Request (Only cl		et -	nd -	
	□ Fall Semester □ Spring Sem  Spouse/Domestic Partner/Dependen	emester/1° Summer Terr	ter/1 <sup>st</sup> Summer Term/2 <sup>nd</sup> Summer Term		
	Name:	(First)	Student ID No.:		
	,	(i iist)	(what	ne)	
	Home Address:				
	(Street)		(City,	State, Zip)	
	Date of Birth:				
	Relationship to Employee:  Spouse/Dependent Child of Full-time Dependent Child through Legal Guarul-time Employee Spouse/Dependent Child of Retired Employee	rdianship of	<ul> <li>Spouse/Dependent Child</li> <li>Spouse/Dependent Child</li> <li>Child of Deceased Emplo</li> <li>Domestic Partner of Full-t</li> </ul>	of Deceased Employee yee, No Surviving Spouse o	f
	Type of Course Work Intended:   On-Campus Instruction   Off-Campus Instruction   Independent Study				
II.	Employee Information:				
	Employee's Name:(Last)	(First)	Employee I (Middle)	ID No:	
	Employee Status:   Active	,	,		
	Title, Rank, Position:				
	Employing Department:				
	I understand that, in order for the student to qualify for fee remission under this program, the student must qualify as a				
	dependent of the employee for Federal Income Tax purposes(Initial)				
 III.	Certification:				
spo to f	e hereby certify that the above student are ouse/domestic partner/dependent child for furnish copies of our federal income tax re pendency relationship between us. We use ssible discharge of the employee and/or s	ee remission program, an eturns to the University <mark>, controlled the University, controlled the remaining the state of the tenders of the tenders of the remaining the remai</mark>	d that the above-named stude or Affidavit of Domestic Partne on of any information on this fo	ent is eligible to participate in e <mark>r Relationship</mark> , upon reques	n said program. We agree it, to prove the
Da	te: Sign	ature of Student:			
Da	te: Sign	ature of Employee:			*
* D	Deceased Employee: Signature of survivi	ng spouse; blank, if no s	urviving spouse of employee.		
IV.	. Office Use Only				
	Payroll and Employee Benefits	Office	Office of Sc	cholarships and Financ	ial Aid
	□ Validated □ Disa	llowed	☐ Appr	roved 🗆 Not A	pproved
	Comments:		_ Comments:_		
	(Signature)	(Date)	(Signatu	re)	(Date)