

Return this form to:

HR Shared Services
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621 Skytop Road, Suite 1001, Syracuse, NY 13244

This form is for allocating remitted tuition credits to an eligible spouse/same sex domestic partner.

If you have previously completed this form, you do NOT need to complete it again unless you wish to make changes to your previous allocation.

Some or all of an eligible employee's or eligible retiree's remitted tuition benefit may be transferred to an eligible spouse or same-sex domestic partner. The value of the tuition waiver on the credit hours transferred to an eligible spouse or same-sex domestic partner will be equal to 85 percent. Important information about the Remitted Tuition Benefit is available online at: <http://humanresources.syr.edu/benefits/RemTuitionBenefit.html>.

1. Employee/Retiree Information:

Employee Name: _____ SUID: _____
Home Department (Employee's only): _____
Campus Phone/Home Phone: _____

2. Spouse/Same-Sex Domestic Partner Information:

Name: _____
SSN or ITIN: _____ SUID: _____
Address: _____
Please indicate relationship to the SU Employee/Retiree: Spouse Same-Sex Domestic Partner

3. Total number of credit hours that you wish to allocate to your spouse/same-sex domestic partner: _____
If you previously transferred credits and wish to restore the full benefit back to yourself, please write "0" on the line above.

4. Projected term for which credit use will begin: Fall Semester Spring Semester Maymester/Summer Session

Remitted Tuition Taxability - Read Carefully!

RTB may be taxable to you, and if so, is subject to tax withholding by the University at the time the benefit is used. You should review the information on remitted tuition taxability located on the Comptroller's Office website: <http://comptroller.syr.edu/resources/taxcompliance/taxes-procedures/#RemittedTuitionTaxability> especially if you are using RTB for graduate level courses or are transferring credit hours to an eligible spouse or same-sex domestic partner.

Employee Affirmation

I understand that remitted tuition is adjusted based on changes in employment status and that the benefit ends at termination of employment. If I am registered for more credits than are covered based on my employment status, I will be responsible for any tuition charges incurred for the additional credits. I understand that I may be liable for tax withholding if my circumstances so warrant.

Employee/Retiree Signature _____ Date _____