

**Oklahoma State University Employee
Dependent Waiver Benefit
Required Documentation**

Student Information:

Last Name: _____ First Name: _____ M.I. _____

OSU Banner ID#: _____ Email: _____

Beginning Semester: _____

OSU Employee Information:

Last Name: _____ First Name: _____ M.I. _____

OSU Banner ID#: _____ Email: _____

Agency of Employment: _____

Employee's Signature: _____

I certify the above information is true and correct. Falsification of University documents may result in corrective action, up to and including termination of employment and/or repayment of tuition funds received.

To Be Completed By Human Resources:

Original Date of Hire: _____ Years of Employment: _____

Employee FTE:

Total Current FTE: _____

OSU-Stillwater/Tulsa : _____ OSU Center for Health Sciences: _____

Verification of relationship to Employee and Dependent Status--check one and attach the required documentation. (You will be contacted if additional documentation is required.)

Natural Child (requires tax return and/or birth certificate)

Step Child (requires marriage license **and** birth certificate)

Other (requires legal documentation indicating legal custody, guardianship, adoption or placement of adoption)

HR Professional Attesting to Employment and Dependency Verification:

HR Professional (please print): _____

HR Professional's Signature: _____ Date: _____

SUBMIT THIS FORM WITH REQUIRED DOCUMENTATION VIA EMAIL TO osu-benefits@okstate.edu OR DIRECTLY TO HUMAN RESOURCES (106J) WHITEHURST).

(Employees are only required to submit this documentation once. As long as the employees and child continue to meet qualifications, the waiver will renew for four years.)