

**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 SEND VIA CAMPUS MAIL TO HUMAN RESOURCES, 601 N WILLIS, PB# 8075.

(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.)