

Return this form to:
HR Shared Services
hrservice@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

EMPLOYEE INFORMATION	Name: _____ SUID#: _____
HOUSEHOLD SIZE	<p>Number of individuals declared on YOUR Federal Income Tax Return: (Number of dependents listed in "Dependents" section on Form 1040) _____</p> <p>Please submit the first 2 pages of the Income Tax Return with this application. Ensure the tax return is signed and dated.</p>
	<p>If filing separately, number of individuals declared on YOUR SPOUSE'S OR ELIGIBLE DOMESTIC PARTNER'S Federal Income Tax Return: (Number of dependents listed in "Dependents" section on Form 1040) _____</p> <p>Please submit the first 2 pages of the Income Tax Return with this application. Ensure the tax return is signed and dated.</p>
	<p>Number of children under the age of 19 who are living with you but are not included on either of the Federal Income Tax Returns above (for example, children declared on an ex-spouse's Federal Income Tax Return): _____</p> <p>You do not need to submit the Federal Income Tax Return, but please list the names and birthdates of the children below:</p> <p>Name _____ Date of Birth _____ Name _____ Date of Birth _____ Name _____ Date of Birth _____</p>
	<p>Number of children over the age of 19 who are enrolled on your medical plan, but are not included on either of the Federal Income Tax Returns above: _____</p> <p>List the names and birthdates of the children below:</p> <p>Name _____ Date of Birth _____ Name _____ Date of Birth _____ Name _____ Date of Birth _____</p> <p>Please submit the first 2 pages of the income tax return for each child over age 19 and not included on either Federal tax return above.</p>
	HR Use Only - Total Household Size

HOUSEHOLD INCOME	Adjusted Gross Income on YOUR Federal Income Tax Return: \$ _____ (Line 8b on Form 1040)
	If filing separately, Adjusted Gross Income from YOUR SPOUSE/DOMESTIC PARTNER'S Federal Income Tax Return: \$ _____ (Line 8b on Form 1040)
	Total Adjusted Gross Income(s) from the Federal Income Tax Return(s) of each of your children over the age of 19 who are enrolled in your medical plan but are not included on either of the Federal Income Tax Returns above: \$ _____ (Line 8b on Form 1040)
	HR Use Only - Total Household Income \$ _____
EMPLOYEE CERTIFICATION	<p>The information I have provided on this form is true to the best of my knowledge and I understand that misrepresentation of any statement on this form or the required documentation is cause for cancellation of this benefit.</p> <p>Employee Signature _____ Date _____</p> <p>This application and all required signed Federal Income Tax Returns must be submitted to the Office of Human Resources via email hrservice@syr.edu within 31 days of your hire date.</p> <p>If your application for Schedule B Medical Contributions is approved, you will be notified via email to your syr.edu account and your new rates will take effect for the 2021 calendar year (unless otherwise noted).</p>
	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT ELIGIBLE
HR USE ONLY	<p>_____</p> <p>Office of Human Resources Date</p>