



**CLAIM FORM FOR PERSONAL BENEFIT TUITION DISBURSEMENT**

Effective 1/1/2005

THIS FORM MUST BE COMPLETED BY YOU AND RETURNED ALONG WITH A COPY OF THE TUITION BILL.

- 1. NAME & ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. HOME PHONE: \_\_\_\_\_ SOCIAL SEC. #: XXX-XX-\_\_\_\_\_
- 3. STUDENT NAME: \_\_\_\_\_
- 4. EDUCATIONAL LEVEL: \_\_\_\_\_
- 5. STUDENT ACCOUNT NUMBER: \_\_\_\_\_
- 6. EDUCATIONAL INSTITUTION NAME: \_\_\_\_\_  
 STREET: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Section 14.6 Payment of Personal Benefit:**

You are eligible to receive benefits from your Individual Account if the following applies...

"(d) Your dependent child has tuition payments for post elementary education. Benefits can be paid until your Individual Account Balance has been reduced to zero."...

**Statement:** I have read eligibility requirements for tuition benefits and hereby apply for payment. I understand that the distribution for this purpose is reportable to me as taxable compensation for both Federal and State purposes regardless of whether it is paid directly to myself or directly to the Institution, and is subject to FICA/Medicare, FUTA and NJ SUI, with a Form W-2 issued to me in January following year's end. I further understand that the taxable amount on the Form W-2 will be higher than the amount I have requested in order for FICA and Medicare taxes to be withheld. (REV 1/1/2021)

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

SS#: XXX-XX-\_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY**

Balance \_\_\_\_\_ Approved by \_\_\_\_\_

Billing Amount \_\_\_\_\_ Date \_\_\_\_\_

Semester \_\_\_\_\_

Comments \_\_\_\_\_