



Margaret Shadick Cyert Center for Early Education
2009-10 Tuition Benefits Worksheet and Application

This benefits application may only be used for children for whom enrollment in the Cyert Center has been offered by the Center and accepted by the parent. There is a 2 child limit per family.

Completed benefit applications should be returned to Lori Bell, Carnegie Mellon HR/Benefits & Compensation within two weeks of receipt of this memo (no later than June 1, 2009 for the 2009-2010 contract year). Any applications received after June 1, 2009 will be processed, but benefits will become effective September 1, 2009 or the first day of the month following receipt, whichever is later.

NOTE: Human Resources will return the Cyert Center Benefits Approval to you upon processing this application. The approval will specify the benefit amount for which you qualify and the total monthly fee you will be charged. Please contact Lori Bell at (412) 268-8197 with any questions.

DOCUMENTATION CHECK LIST: To apply, each applicant must submit (if applicable):

- This signed completed application;
A copy of your signed 2008 1040 or 1040A federal income tax return (use Line 7 Wages, Salaries, Tips, etc.)
Copies of your and your spouse's 2008 W-2 (not required if you & your spouse are Carnegie Mellon employees);
Copies of your spouse's recent paycheck stubs (not required if your spouse is a Carnegie Mellon employee), or
If spouse is self-employed, documentation of his/her income

You will be contacted if additional information is needed. All information you provide will be kept confidential.

Step 1. Employee Information

Applying Parent (must be Carnegie Mellon employee)

Form with fields: Last Name, First Name, Social Security Number, Campus Phone & Department Name, E-mail Address

Is Other Parent Also a Carnegie Mellon Employee? Yes No IF YES, please provide the following:

Form with fields: Last Name, First Name, Social Security Number, Campus Phone & Department Name, E-mail Address

Step 2. Family Gross Income Information

Total Gross Family Income: \$ (If using total gross family income from another source than Line 7 of your 2008 1040 or 1040A, please show me how you derived at that total.)

In determining your annual total gross family income, keep in mind the following:

- If your current annual income varies by more than 10% (plus or minus) from your total gross income as listed on your 2008 1040 or 1040A income tax return, use your current gross annual income in this calculation.
Individuals who had pre-tax benefit contributions, if your reported income excludes pre-tax contributions to other benefit plans (e.g. health or dependent care spending accounts or tax deferred retirement plan contributions), then the pre-tax contributions will be added back into your annual salary in order to calculate your eligibility for the sliding scale benefit.
If you are submitting this application due to a 10% or greater change in monthly income, please return this signed form along with documentation providing proof of your change in income to: Lori Bell, HR/Benefits & Compensation, 319 South Craig Street, Room 209.

Step 3: Child Enrollment Information

Child 1

First Name	Last Name
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Was this child previously enrolled at the Cyert Center in 2008-09 program year? Yes No

Please check program room and enrollment level at which this child will be attending:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Infant Wing: | <input type="checkbox"/> Full Time @ \$1,525/mo | | |
| <input type="checkbox"/> Young Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Older Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Preschool-I: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Preschool-II: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Pre-Kindergarten: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |

Child 2

First Name	Last Name
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Was this child previously enrolled at the Cyert Center in 2008-09 program year? Yes No

Please check program room and enrollment level at which this child will be attending:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Infant Wing: | <input type="checkbox"/> Full Time @ \$1,525/mo | | |
| <input type="checkbox"/> Young Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Older Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Preschool-I: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Preschool-II: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Pre-Kindergarten: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |

Child 3

First Name	Last Name
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Was this child previously enrolled at the Cyert Center in 2008-09 program year? Yes No

Please check program room and enrollment level at which this child will be attending:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Infant Wing: | <input type="checkbox"/> Full Time @ \$1,525/mo | | |
| <input type="checkbox"/> Young Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Older Toddler: | <input type="checkbox"/> Full Time @ \$1,427/mo | <input type="checkbox"/> 3-Day @ \$901/mo | <input type="checkbox"/> 2-Day @ \$664/mo |
| <input type="checkbox"/> Preschool-I: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Preschool-II: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |
| <input type="checkbox"/> Pre-Kindergarten: | <input type="checkbox"/> Full Time @ \$1,257/mo | <input type="checkbox"/> 3-Day @ \$798/mo | <input type="checkbox"/> 2-Day @ \$591/mo |

Employee's Acknowledgment

I certify that the answers provided by me herein and the material provided as required proof are true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application.

Applicant's signature	Date
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Mail to: Lori Bell, Carnegie Mellon HR/Benefits & Compensation, 319 South Craig Street, Room 209

Fax to: Lori Bell at 412/268-7472