

The Sliding Scale benefit provides a reduction in the Cyert Center’s tuition rate, taking into account “your family income” (hereinafter defined) for the prior calendar year. The benefit is equal to the difference between your annual Cyert Center tuition and 10% of your family income for the prior calendar year, up to a maximum total annual benefit of \$5,000 for you and your spouse. If 10% of your family income for the prior calendar year is equal to or greater than your annual Cyert Center tuition, you are not eligible for the Sliding Scale benefit.

“Your family income” for the prior calendar year means, if you are not married at the time of your application, your adjusted gross income for U.S. federal income tax purposes as shown on your filed U.S. federal income tax return for the prior calendar year. If you are married at the time of your application, “your family income” for the prior calendar year means your and your spouse’s combined adjusted gross income for U.S. federal income tax purposes as shown on your and your spouse’s filed U.S. federal income tax return(s) for the prior calendar year. For calendar year 2018, adjusted gross income is shown on Line 37 (IRS Form 1040), Line 21 (IRS Form 1040A), Line 4 (IRS Form 1040EZ) and Line 36 (IRS Form 1040NR).

Note: If you (and/or your spouse, if you are married at the time of your application) were not required by law to file a U.S. federal income tax return for the prior calendar year (because, for example, you were not a U.S. taxpayer during the prior calendar year), your family income is the equivalent of your (and your spouse’s) adjusted gross income as determined by Carnegie Mellon as if you (and your spouse) were a U.S. taxpayer and your (and your spouse’s) income for the prior calendar year was from U.S. sources. In such a case, additional information will be needed from you and/or your spouse for Carnegie Mellon to make this determination.

If approved, your Sliding Scale benefit amount determined in accordance with the foregoing will be fixed for the entirety of the program year beginning August 12, 2019 through August 14, 2020, provided you continue to meet the eligibility requirements. The Sliding Scale benefit amount is divided into equal installments over 12 months within the program year. If two children will be attending the Cyert Center at the same time, the Sliding Scale benefit amount will be calculated separately, taking into account the annual tuition for each child. The benefit will then be divided between the children up to a maximum total benefit of \$5,000.

Eligibility Requirements:

- This benefit is available to full-time, benefits-eligible staff and faculty members whose IRS-dependent child(ren) (i.e., child(ren) who meets IRS dependency exemption criteria) has been offered and accepted enrollment in the Cyert Center.
- The benefit is available for no more than two children per family, per lifetime.
- If you are married, your spouse must be one of the following:
 - Currently employed/self-employed and earning “earned income” (within the meaning of IRS regulations). *Note: If your spouse is not currently employed/self-employed and currently earning “earned income,” you may reapply for the Sliding Scale benefit at the time your spouse becomes employed/self-employed and is earning “earned income.” In such case, any Sliding Scale benefit amount will be prorated and become effective on the first day of the month following the date the application is approved.*
 - A full-time student.
 - Mentally/physically unable to care for themselves.
- The amount of your Sliding Scale benefit for any calendar year is limited to the smaller of the earned income of you or, if your spouse is not a full-time student or mentally/physically unable to care for themselves, the earned income of your spouse for that calendar year.

Application Process:

Completed applications should be returned to the Office of Human Resources **no later than July 1, 2019** for the 2019–2020 program year. Applications received after July 1, 2019 will be processed, but benefits will be prorated and become effective September 1, 2019 or the first day of the month following the date the application is submitted, whichever is later.

If you are completing this application outside the start of the 2019–2020 program year, your benefits — if approved — will be prorated and become effective the first day of the month following your child’s enrollment into the Cyert Center or the first day of the month following the date the application is submitted, whichever is later.

You will be contacted if additional information is needed. All information you provide will be kept confidential. You are required to notify the Office of Human Resources promptly in the event that you no longer meet the eligibility requirements for the Sliding Scale benefit. Carnegie Mellon reserves the right to validate your eligibility and your family income (by requiring that you provide copies of filed tax returns and similar documents).

If you have any questions relating to this application, please contact Brad Truxell in the Office of Human Resources at 412-268-8197 or btruxell@andrew.cmu.edu.

Return completed application to:

Carnegie Mellon University
Office of Human Resources
Attention: Brad Truxell

Campus Mail: UTDC, 4516 Henry Street

U.S. Mail: 5000 Forbes Avenue, Pittsburgh, PA 15213

Email: btruxell@andrew.cmu.edu

| Part 1. Employee Information | | |
|---|---------------|-----------|
| Last Name | First Name | Andrew ID |
| Phone Number | Email Address | |
| Is other parent also a Carnegie Mellon employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please indicate the other parent's name and Andrew ID: | | |

| Part 2. Eligibility Certification |
|---|
| <p>1. I am a full-time staff or faculty member of Carnegie Mellon University <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. My child(ren) has been offered enrollment in the Cyert Center <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. My child(ren) meets the IRS dependency exemption criteria <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. My spouse is currently <input type="checkbox"/> Employed/Self-Employed and Earning "Earned Income" <input type="checkbox"/> a Full-Time Student <input type="checkbox"/> Mentally/Physically Unable to Care for Themselves <input type="checkbox"/> I'm not married</p> <p style="margin-left: 40px;">a. If spouse is employed/self-employed, will his/her earned income in 2019 be greater than or equal to \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">b. If spouse's earned income will be less than \$5,000, please provide spouse's estimated 2019 income: \$ _____</p> <p style="margin-left: 40px;">c. Is spouse receiving employer-paid child care benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| Part 3. Family Income (used to calculate the Sliding Scale benefit amount; see explanation on page 1) |
|---|
| Please provide the amount of your (and, if you are married, your spouse's) adjusted gross income for 2018 (e.g., Line 37 of your 2018 Form 1040). If married/filing separately, please include the adjusted gross income for both you and your spouse. \$ _____ |

| Part 4. Child Enrollment Information | |
|---|--------------------|
| Child 1 Full Name | Room/Days per week |
| Child 2 Full Name | Room/Days per week |

| Part 5. Employee Certification and Agreement | |
|--|------|
| I certify that all information provided in this Application is true and correct. I further certify that I meet the eligibility requirements for the Sliding Scale benefit as outlined above. I agree to notify Carnegie Mellon University's Office of Human Resources promptly in the event that I no longer meet the eligibility requirements for the Sliding Scale benefits as outlined above or if I become aware that any information in this Application is no longer true and correct. I acknowledge and agree that Carnegie Mellon reserves the right to require evidence of eligibility and family income, as determined by Carnegie Mellon. | |
| Employee Signature | Date |