



*University of Rochester
Tuition Benefits Plan*

TUITION BENEFITS SERVICE CREDIT FORM

At the University of Rochester, the service requirement for the tuition benefits plan may be met by service at another college, university or U of R affiliated teaching hospital, as well as service at a member of the controlled group* of the University that offered a tuition benefit plan for which the faculty or staff member was eligible. To receive credit for such prior service, please complete this form and return it to the Office of Total Rewards (tuitionbenefits@ur.rochester.edu) as soon as possible.

Name _____

Employee I.D. #: _____

I hereby certify that I was previously employed by the following college(s), university(s), U of R affiliated teaching hospital(s) or member of the University's controlled group* where I was eligible for a tuition benefit plan which covered (check all that apply):

Myself

Dependent Children

<u>Name of Institution</u>	<u>Dates of Service</u>		<u>Type of Service</u> (Full-time or Part-time)
	<u>From</u>	<u>To</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Employee

Date

NOTE: Forms must be received no later than 30 days after the start of the course

**Members of the controlled group of the University of Rochester include: Highland Hospital, Highlands at Brighton, Highlands at Pittsford, Highlands Living Center, UR Medicine Home Care (VNS), Visiting Nurse Signature Care, High Tech Rochester, Nicholas H. Noyes Memorial Hospital, Jones Memorial Hospital, F.F. Thompson Health System, Inc. and St. James Hospital.*