

## University of Southern California Tuition Assistance Benefit Plan Acknowledgement

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I, the undersigned, acknowledge that I have reviewed the [Tuition Assistance Benefit Page on the Employee Gateway](#) and agree to the terms of the University of Southern California [Tuition Assistance Benefit Plan](#) (the "TAB Plan") document, including the following:

### 1. Tax Implications:

- The employee is responsible for any tax liability resulting from benefits provided under the TAB Plan to the employee or their Eligible Dependents.
- The University will report the gross amount of tuition assistance received that is subject to taxes to the Internal Revenue Service and taxes will be withheld over three pay periods within the same semester in which the benefit is received.

### 2. Repayment Obligations:

Immediate repayment of all or a pro-rated amount of tuition may be required if:

- the sponsoring employee has a change in employment status, including termination or leave, causing them to not be eligible for received benefit;
- the student ceases to be an Eligible Dependent or Eligible Employee during the semester/session;
- the student ceases to be in academic good standing;
- the student drops a class after the add/drop deadline or establishes a pattern of abuse as determined by the University;
- tuition assistance is applied to any ineligible tuition or fees or in violation of the TAB Plan;
- an employee hired after January 1, 2019, fails to meet the two-year post-education service requirement.

**I acknowledge that I am responsible for securing any required approvals, and providing accurate supporting documentation, whether for my own studies or as the sponsoring employee for my Eligible Dependent(s), including spouse/registered domestic partners. I further acknowledge that my manager's approval is required for any course scheduled during my workday for my own studies. I further acknowledge that I am responsible for the immediate repayment of any prorated tuition assistance if a post-registration audit determines that assistance was applied to ineligible tuition or fees, that the unit limits were exceeded, or that there was a change in eligibility during the semester (with the first and last day of classes defined by the University's academic calendar at <http://www.usc.edu/academics/calendar/>).**

**I certify that all information provided is true and complete to the best of my knowledge. I accept the full terms and conditions of the benefit and understand that any intentional or negligent misrepresentation, fraud, or noncompliance may result in the denial, suspension, or recovery of tuition assistance funds, and may render me liable for repayment as well as any additional legal remedies available to the University.**

### Signatures:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dependent Name (if applicable)

\_\_\_\_\_  
Dependent Signature (if applicable)

\_\_\_\_\_  
Date