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Seattle Pacific UNIVERSITY

For Office Use Only

Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

### Personal Information Data Sheet

**Instructions:** The following information is maintained for each University employee in order to comply with governmental agencies as well as maintain up-to-date institutional mailing lists, etc. Reports filed with governmental and accrediting agencies are of a statistical nature and do not reveal personal information on any identifiable individual employee.

**Tuition Discount and Health Benefits:** Please complete the Benefit Information section on the back of this form. This data will be used both to determine benefit eligibility for tuition discount and health benefits (medical, dental, vision), as well as determine any taxability for certain children utilizing the tuition discount. **Tuition benefits cannot be provided for the 2009-10 academic year without this information.** Please see <http://www.spu.edu/depts/hr/benefits/scholarshipnew.htm> for more information about the tuition discount. *The Key on the back of this page will help you properly identify your child's status (X, Y, or Z).*

Check all titles that apply:

Mr.       Ms.       Mrs.       Miss       Dr.       Rev.

First Name:	Middle Name/Initial:	Last Name:	Preferred First Name:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

Gender:     Female     Male

Marital Status:     Unmarried     Married.

Spouse's Name: \_\_\_\_\_

Denominational Affiliation: \_\_\_\_\_

Other SPU Relationships: Are you an SPU alum?     Yes     No    If yes, what year? \_\_\_\_\_

Do you currently receive the SPU *Response* (newsletter)?     Yes     No

Please complete information on the reverse side.

**Benefit Information:**

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Children (see schedule below for status explanations)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

 Dependent Independent Over-age

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 Dependent Independent Over-age

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

 Dependent Independent Over-age

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

 Dependent Independent Over-age**KEY:**

Status Title	Description	Tuition Discount Benefit Treatment	Health Benefit (Medical/Dental/ Vision) Treatment
<b>Dependent Child</b>	Under age 24 and <u>expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start.	Eligible for medical, dental, and vision benefits until both conditions no longer met.
<b>Independent Child</b>	Under age 24 and <u>not expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Eligible for benefit if conditions met prior to quarter's start. Under current IRS regulations, these benefits are considered taxable income to the employee.	Ineligible for benefit
<b>Over-age Child</b>	<u>Over</u> age 24 and <u>expected to be claimed</u> as a dependent on the employee's tax return in the year of the tuition discount	Ineligible for benefit.	Eligible for medical, dental, and vision benefits until both conditions no longer met.

**SPU Campus Address:**

Department Name: \_\_\_\_\_

Office Location (building and room number): \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Position Title:** \_\_\_\_\_**Employee Type:****Race/National Origin:** Exempt Staff Full-time Black, non-Hispanic Faculty Hispanic Non-Exempt Staff Part-time Asian or Pacific Islander Temporary Staff Native American/Alaskan Native White, non-Hispanic**Earned Academic Degrees:**

1. Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

2. Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

3. Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

4. Year: \_\_\_\_\_ Degree: \_\_\_\_\_

Institution: \_\_\_\_\_

