



Retirement Plan Participation Waiver of Service

Employees who worked at least 12 consecutive months in a retirement benefit eligible position at the University of Denver are eligible for the Match Feature immediately with a contribution of 4% or more.

You may waive the Retirement Plan's one-year of service worked if your previous employer is a qualified educational institution and you were retirement benefit eligible under your previous employer's retirement savings plan.

A qualified Waiver of Service is effective for the payroll following completion, submission and approval of this form with a minimum contribution of 4% or more.

DU ID Number:

Please complete this form and return to Benefits via e-mail or via fax (303.871.3656).

This box to be completed by employee

Name:

Home Address:

| Date of Birth: | Home Phone: | | Work Phone: |
|--|-------------------|------|--|
| DU Date of Hire: | Email: | | |
| Were you previously an employee at the University of Denver? Yes No | | | |
| If yes, dates of previous employment: to | | | |
| I request and authorize University of Denver. | e | to | release my employment information to the |
| Signature: | | | Date: |
| This box to be completed by the authorized representative of your previous employer: 1. Are you a qualified educational institution? Yes No | | | |
| A qualified educational institution (per IRC Section 170(b)(1)(A)(ii)) is defined as an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational | | | |
| activities are regularly carried on. | | | |
| 2. Did the employee work in a retirement benefit eligible position for at least 12 consecutive months? | | | |
| Yes No | Dates of Employme | ent: | to |
| Name of person completing this form: | | | |
| Title | | | Phone |
| Name of Employer: | | | |
| Signature | | | Date |
| | | | |
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