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Human Resources Retirement Plan Eligibility Form

Name _____

Social Security # _____

I hereby declare that I have been employed by a qualified educational institution for a minimum of one year (12 mos.), working at least 1,000 hours in that period, and would like to apply for the University of Denver's contribution of 8% into my retirement plan. *I understand that any contribution(s) made by the University into my retirement plan may be withdrawn if the information below is not accurate, or if the institution listed below is not a qualified educational institution per IRC Sec 170(b)(1)(A)(ii).*

I, also, give the University of Denver Human Resources/Benefits Office permission to obtain verification of my former employment at the institution listed below.

Name of Former Institution _____

Street Address _____

City, State, Zip _____

Phone Number _____

Name While Employed at This Institution _____

Employment Dates (start/end) _____

Circle One: Part Time Full Time

Position _____ Department _____

Employee Signature

Date