



Retirement Plan Participation Waiver of Service

Top portion to be completed by employee:

Form with fields for Name, DU ID Number, Home Address, Date of Birth, Home Phone, Work Phone, DU Date of Hire, and Email.

Were you previously an employee at the University of Denver?

Yes ___ No ___ If yes, dates of previous employment: ___ to ___

Employees who worked at least 12 consecutive months and 1,000 hours 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 and 1,000 hours 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.

I request and authorize _____ to release my employment information to the University of Denver.

Signature: _____ Date: _____

Bottom portion 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 and 1,000 hours? Yes ___ No ___ Dates of employment: ___ to ___

Name of person completing this form: _____

Title: _____ Phone: _____

Name of Employer: _____

Signature: _____ Date: _____