



Cold Spring Harbor Laboratory

One Bungtown Road | Cold Spring Harbor, NY 11724

MEMORANDUM

To: All New Employees

From: Katie Raftery, Vice President, Human Resources

Re: Eligibility for Cold Spring Harbor Laboratory's 401(a) Retirement Plan

The eligibility waiting period for participation in the Laboratory's 401(a) retirement plan is 24 months. However, you may qualify for reduced eligibility waiting period of up to 24 months, provided your most recent employer was a nationally or regionally accredited institution of higher education, a hospital directly affiliated with such an institution of higher education or an institution of biomedical research which meets the requirements of section 501(c)(3). Your employment must have ended no more than six months prior to the start of your employment at CSHL.

To receive credit for retirement plan eligibility, please complete the attached "Request for Retirement Service Credit" form and send it to your former employer to complete Part II. Advise your former employer to return the completed form to the Benefits Office listed on the form within 90 days of your hire date. Please note that no prior service credit requests will be honored if your form is not returned within 90 days from your date of hire. **It is your sole responsibility to ensure that the form is completed and returned to the Benefits Office within the 90 days from your date of hire.**

Please direct any questions or correspondence to:

Katie Raftery
Vice President of Human Resources
Cold Spring Harbor Laboratory
One Bungtown Road
Cold Spring Harbor, NY 11724
Telephone: 516.367.8499
Fax: 516.367.6850
E-Mail: raftery@cschl.edu



Cold Spring Harbor Laboratory

REQUEST FOR RETIREMENT SERVICE CREDIT BASED ON PRIOR EMPLOYMENT WITH AN ELIGIBLE INSTITUTION

Part I (Employee to complete all information and send to your former employer to complete Part II)

Name: _____ Social Security No: _____ CSHL Hire Date: _____
Address: _____ City: _____ State: _____ Zip Code: _____

I request that Cold Spring Harbor Laboratory credit the eligible service with my former employer toward participation in the Cold Spring Harbor Laboratory 401(a) Retirement Plan. I understand that I must return the fully completed form to CSHL Human Resources no later than 90 days after my employment start date. I hereby authorize my former employer to release employment information to the Benefits Office as requested in Part II of this form.

Employee Signature: _____ Date: _____

Part II (Former Employer Human Resources to complete all information)

I certify that _____ is an employer defined as follows (**check one**):
(name of institution)

- ☐ A nationally or regionally accredited institution of higher education
☐ A hospital directly affiliated with such an institute of higher education
☐ An institution of biomedical research which meets the requirements of section 501(c)(3) of the Code

I further certify that the individual named in *Part I* above was employed by this organization in a non-student capacity during the period _____ (MM/DD/YY) through _____ (MM/DD/YY).

During this period, the employee worked a full-time schedule. If the employee did not work full time, please provide how many hours they worked per year: _____.

Indicate period(s) of time in which there were changes in hours or percent(s) of time worked, termination date(s), and reappointment date(s). Attach separate sheet, if necessary.

Authorized Signature: _____ Phone No: _____
Print Name: _____ Title: _____ Date: _____

Please return this form to:

Katie Raftery
Cold Spring Harbor Laboratory/Benefits Office
One Bungtown Road, Cold Spring Harbor, NY 11724
Fax: 516-367-6850 (**preferred**)
E-mail: raftery@csHL.edu

☐ Approved (____ Yrs. ____ Hrs.) ☐ Disapproved Notes: _____