

Northeastern University

Human Resources Management

RETIREMENT PLAN AND DISABILITY WAIVER FORM

In order to determine whether you are eligible to waive the waiting periods for the Basic Retirement Plan and/or Disability Coverage, please complete section one and forward the form to your former employer to complete section two. *Please note, to receive the waiver for Disability insurance, this form must be completed and returned to Northeastern within 30 days of your date of hire.*

SECTION ONE: Completed by Northeastern Employee: *Please complete and forward the form to your former employer.*

Name and Address of Your Former Employer: _____ Date: _____

Your Name: _____ Your Social Security Number: _____

Signature: _____

Date of Hire at Northeastern: _____ Campus Address: _____

If previously employed at Northeastern, please provide your employment dates: _____

SECTION TWO: Completed by Former Employer: *Your former employee, named above, has recently become an employee at Northeastern. To determine his/her eligibility for the Retirement Plan and Long Term Disability coverage (LTD), please provide the following benefits information and return to Northeastern at fax or address at the bottom.*

Name of Prior Employer: _____

Please spell out, no abbreviations

Does this institution grant four year degrees (i.e., BS, BA): YES ☐ NO ☐

Date of Hire in a Benefits Eligible Position: _____

Date of Termination from Benefits Eligible Position: _____

Retirement Plan

Date Participation Began: _____ Date Participation Ended: _____

Type of Plan: 403(b): ☐ 401(a): ☐ 401(k): ☐ Defined Benefit: ☐

Amount employee contributions since January 1 of current calendar year: \$ _____

Long Term Disability Coverage

Date Participation Began: _____ Date Participation Ended: _____

SIGNATURE, TITLE, DATE AND CONTACT INFORMATION

Signature of Representative of Prior Employer: _____ Date: _____

Title: _____ Phone Number: _____

Return this form to HRM/Benefits
Northeastern University
716 Columbus Ave, Suite 250
Boston, MA 02120

Or Fax to 617.373.7610