



Northeastern University

Human Resources Management

NORTHEASTERN EMPLOYEE COMPLETES THIS SECTION

The NU Employee should forward this entire form to their prior employer to complete the section below and return it to the address or fax# at bottom right:

To: _____ Date: _____

Re: Former Employee _____

SSN _____

Signature of Former Employee _____

Date of Hire at NU _____ Campus Address _____

PRIOR EMPLOYER COMPLETES THIS SECTION:

Your former employee, as noted above, has recently become an employee of Northeastern University. In order to determine his/her eligibility for certain benefits programs, please provide the following benefits information:

Name of Prior Employer: _____
(please spell out – no abbreviations)

Does this institution grant four year degrees (e.g. 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 of employee contributions since January 1 of current calendar year: \$ _____

Long Term Disability Coverage (LTD)

Date participation began _____ Date participation ended _____

Prior Employer Signature

Date

Title

Prior Employer Phone Number

***Please return completed form to:
(FOR AN LTD WAIVER,
THIS FORM MUST BE
RETURNED TO HRM-BENEFITS
WITHIN 30 DAYS FROM HIRE DATE)**

**HRM/Benefits
Northeastern University
716 Columbus Avenue, Suite 250
Boston, MA 02120 or
FAX to 617-373-7610 (Ph: 617-373-2230)**