

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 1: 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 2: 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 of employee contribution 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**