

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