

Brandeis University provides retirement plan contributions to certain eligible employees following completion of a one-year service period along with meeting the requirements of the plan.

To be eligible for immediate enrollment in the Brandeis University 403(b) Basic matching retirement savings plan, the service period may be satisfied by a year of service at another accredited college or university. This service requirement is waived for employees who were employed for at least one year in a half-time or more position at a 501(c)3 higher education institution immediately preceding the date of employment at Brandeis (up to three months lapse in time between prior employment and Brandeis employment is allowed).

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### Brandeis Employee Section

*After completing this section, the Brandeis Employee should forward this entire form to their Prior employer for completion. Once completed, it should be returned via fax or mail.*

Employee Name: \_\_\_\_\_ Social Security Number (last four digits) \_\_\_\_\_

or Brandeis ID: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Prior Employer Section

*Your former employee, as noted above, has recently become an employee of Brandeis University. In order to determine his/her eligibility for our retirement plan, please provide the following benefits information:*

Prior Employer Name: \_\_\_\_\_

Prior Employee Address: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part time: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Benefits Eligible: Yes No

Position title: \_\_\_\_\_

Hire Date for this position: \_\_\_\_\_ Termination date for this position: \_\_\_\_\_

Does your organization satisfy the requirements of code section 501(c)(3)? Yes No

Was the above-named employee eligible to participate in your institution's retirement savings plan? Yes No

If not, why? \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form to:* Brandeis University, Office Of Human Resources Fax to: 781-736-4466  
Benefits Section  
PO Box 549110  
Waltham, MA 02454-9110