

SERVICE WAIVER FORM

Please complete page 1 of this form and forward to your previous employer(s).

First Name _____ Last Name _____
(employee name)

Email _____ Bucknell Hire Date _____

Signature _____

Your signature on this form:

- *Authorizes the representative of your previous institution to provide the information requested below.*
- *Authorizes immediate enrollment in the University contribution and any employee mandatory contributions to the retirement plan, if you meet the eligibility requirements for the waiver of the waiting period. This enrollment will happen automatically, on the next payroll, once the completed waiver form is returned to Human Resources. No retroactive contributions will be made.*

Previous Employer _____

Address _____

To be completed by previous employer (note, if you are not the most recent former employer, you only need to provide dates of service and answer question 1):

The dates he/she was employed in a benefits eligible position:

From: _____ **To:** _____

1. Is your institution an accredited college or university? **Yes** **No**

2. Was the individual named above covered by a *Long-term Disability* policy at the time of their separation? **Yes** **No**

3. Was the former employee referenced above, at any time during the 12 months immediately preceding the employee's date of employment with Bucknell University, employed at a non-profit organization, (college, university, secondary school, hospital, research center, foundation, etc.), **and** participating in a tax-sheltered annuity plan as described in Code Section 403(b) to which **employer** contributions were made on his or her behalf? **Yes** **No**

Please note that to become a participant in the Bucknell University Retirement plan and waive the 1 year waiting period, an eligible employee must meet the all of the criteria stated in the paragraph above.

I, _____ (print name), a duly authorized representative of the above listed previous institution, hereby certify the accuracy of the above information provided on this former employee.

Signature _____ **Date** _____

Title _____ **Phone** _____

Please submit completed form to hr-benefits@bucknell.edu or to the address above.

To to be completed by Bucknell University HR:

Eligible for waiver of the LTD waiting period: **Yes** **No**

Eligible for waiver of the Retirement Plan waiting period: **Yes** **No**

Years of service credited for Tuition Benefit Eligibility: _____

Signature _____ **Date** _____

After processing, the completed document will be returned to the employee for their records.