COLLEGE OF THE
Holy Cross

Human Resources

403(b) Retirement Savings Plan Verification/Waiver Form

To determine whether you may already satisfy all or part of the one-year of service eligibility requirement to receive contributions from the College under the College of the Holy Cross 403(b) Defined Contribution and Group Supplemental Retirement Plan, please complete Section 1 and forward the form to your former employer to complete Section 2. This form will be processed as soon as administratively feasible upon receipt in Human Resources and in coordination with payroll processing (within 1-2 payroll periods).

Section 1: Completed by Holy Cross Employee

Please complete and forward the form to your former employer.

Name and Address of Your Former Employer: _____ Date: _____

_____

Your Name: _____ Last 4 digits of your Social Security #: _____

Signature: _____

Date of Hire at Holy Cross: _____ Position/Title: _____

If previously employed at Holy Cross, please provide your employment dates: _____

Section 2: Completed by Former Employer

Your former employee, named above, has recently become an employee at College of the HolyCross. To determine their eligibility for the Holy Cross 403(b) plan, please provide the following information and return this form to College of the Holy Cross. If you have questions please call 508-793-3568.

Name of prior employer: _____

Please spell out with no abbreviations

Is this an educational organization, teaching institution, institution of higher education or non-profit educational institution or organization eligible to sponsor a retirement plan under Section 403(b) of the Internal Revenue Code: ☐ Yes ☐ No

Former employee's Date of Hire in a Benefits Eligible Position: _____

Date of Termination from Benefits Eligible Position: _____

Retirement Savings Plan

Date Participation Began: _____ Date Participation Ended: _____

Type of plan: ☐ 403(b) ☐ 401(a) ☐ 401(k) ☐ Defined Benefit

Amount of former employee's contributions to Retirement Savings Plan since January 1 of current calendar year: $ _____

Signature of Representative of Prior Employer: _____ Date: _____

Title: _____ Phone: _____

Return this form to:

Preferred: Requesting Former Employee or:

College of the Holy Cross
Attn: HR/Benefits
One College Street
Worcester, MA 01601

Email to both:

dkenneal@holycross.edu

arocha@holycross.edu