



COLLEGE OF THE HOLY CROSS

Office of Human Resources

Proof of Eligibility
403(b) Defined Contribution & Group Supplemental Retirement Plan Participation

TO: Human Resources/Benefits Representative

Employment verification of a former employee is requested to determine eligibility for the 403(b) Defined Contribution & Group Supplemental Retirement Plan at the College of the Holy Cross.

In order to waive all or part of the one-year waiting period for plan participation, the newly hired faculty/staff member listed below must have previously worked in a benefits-eligible position (excluding student or temporary employment) at another educational organization, teaching institution, institution of higher education, non-profit research institution, or organization that is eligible to maintain a 403(b) plan.

Kindly verify/correct the following employment data. Thank you for your assistance!

I hereby certify that _____ / _____
Name last 4 digits of SSN *

was a benefits-eligible faculty or staff member of _____

from _____ to _____
mm/dd/yyyy mm/dd/yyyy

Signature

Institution/Organization

Printed Name

City/State/Zip

Title

Area Code/Phone Number

*Strictly confidential; for employment verification purposes only

Please return this form to:
Human Resources
College of the Holy Cross
One College Street
Worcester, MA 01610