ELON UNIVERSITY

Elon University Defined Contribution Plan
Waiting Period Waiver

Return to the Office of Human Resources upon completion of Sections A and B.

Section A: Elon University Defined Contribution Plan Waiting Period Waiver Request. It is the employee's responsibility to complete Section A and have previous employer complete Section B.

Employee Name (print full name):

Date of Birth (MM/DD/YYYY):   **Social Security Number (last four digits):**

Work Phone #:

Previous Employer:

I hereby authorize my previous employer to release the requested information to Elon University. I understand that it is my responsibility to obtain the necessary authorization from my previous employer. I also understand that if approved, I will begin making mandatory contributions to the Elon University Defined Contribution Plan as of the first day of the month or as soon as administratively feasible after receipt of this completed form and my completion of all carrier and payroll enrollment forms for the plan.

Employee Signature:

Date Signed:

Section B: Statement of Previous Coverage. To be completed by Human Resources representative of previous employer.

HR Rep Name (print):

Institution:

Phone Number:

Employee Full-Time Date of Hire: Last Day of Full-Time Employment:

Is your institution an educational organization **or** a teaching institution **or** an institution of higher education?
_____Yes _____No

Do you offer a 401(a) qualified or 403(b) non-qualified retirement plan? ____401(a) ____403(b) ____ Neither

Did the employee complete at least 1 year and 1,000 hours while employed at your institution? ____Yes ____No

I hereby certify that the information provided is true and correct.
HR Rep Signature:

Date Signed:

Please return this form to the employee listed above. It is the employee's responsibility to submit the form to the Office of Human Resources at benefits@elon.edu.

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