

Section 1: To Be Completed By Employee

Name: _____ Northwestern Date of Hire: ____/____/____

Employee ID (7-Digits On Your Wildcard): _____ Date of Birth: _____

Were you previously an employee at Northwestern University? Yes [] No []

Employees at least 21 years old and with at least one year of benefits eligible service at Northwestern University are eligible to participate in the Retirement Plan through Matched and Unmatched contributions.

You may receive a Waiver of Service of the Retirement Plan's one year of service requirement if you submit a completed Waiver Form documenting that you (1) were employed by a tax-exempt educational or research organization, an educational or research organization outside of the U.S. that is comparable to the University, or a state educational organization (see Code Sections below) for at least a 12-consecutive month period ending 60 or fewer days before your Northwestern Date of Hire; and (2) received employer contributions under a Code Section 403(b) or 401(a) retirement plan maintained by this organization, or contributions or accruals under a similar retirement program maintained by an organization outside of the U.S., 60 or fewer days before your Northwestern Date of Hire.

Signature: _____ Date: _____

If this form is approved, please make elections through the myHR Portal including Investment Company, deferral amount and investment funds

Section 2: To Be Completed By Previous Employer

Instructions for Previous Employer: Please return completed form via email (askHR@northwestern.edu) with a subject line 403(b) Service Waiver or mail to the Northwestern Benefits Office, 1800 Sherman, Evanston, IL 60201. If you have questions, please contact the Northwestern Human Resources at (847) 491-4700.

1. Employer Status: Is your organization a tax-exempt educational or research organization within the meaning of Code Section 501(c)(3), state educational organization within the meaning of Code Section 403(b)(1)(A)(ii), or non-U.S. educational or research organization that is comparable to the University?

Yes [] No []

2. Last Date of Employment: Last day the employee named in Section 1 was employed by your organization:

____/____/____
Month Day Year

3. Duration of Employment: Immediately prior to the Last Date of Employment noted above, was the individual named in Section 1 an employee of your organization on a consecutive basis for the prior 12 months?

Yes [] No []

4. Employer Contribution to Retirement Plan: Last day the individual named in Section 1 received employer contributions under a Code Section 403(b), 401(k), 401(a) or comparable non-U.S. retirement plan maintained by your organization:

____/____/____
Month Day Year

Name of Organization: _____ Date: _____

Name of Person Completing this Form: _____ Phone: _____

Signature: _____ Title: _____

Date received: _____ Approved/Denied: _____ Ee contacted: _____