



Return completed form to University of Louisville
Human Resources at benefits@louisville.edu

Request to Waive Service Requirements for 403(b) Retirement Savings Plan

Instructions: Please provide this completed request as soon as possible after hire or within 90 days. This request will determine eligibility for employer contributions and vesting. Section 2 must be completed by your most recent prior employer. Once a request is approved, it will become effective as soon as administratively possible. Note the University of Louisville (UofL) will not provide retroactive contributions.

SECTION 1: To be completed by Employee

Name: _____ UofL Employee ID: _____
First Middle Last

Were you a prior benefits-eligible employee at UofL? Yes No

If yes, what were your past UofL employment dates? _____
Hire date End Date

I authorize my prior employer to provide the University of Louisville with the information requested below. I certify that this was my most recent past employer.

Employee Signature

Date

SECTION 2: To be completed by Prior Employer HR Official

About Employer

Organization Name: _____ City/State: _____

Employer Type (Check One) College or University Non-Profit Research Institute
 Kentucky State Government Non-Profit entity performing substantially similar services to those above
 Other (please explain) _____

About Employee

Previous Position Title: _____ FTE: _____

Date Eligible for Your Retirement Plan: _____ End Date: _____

Certification and Signature

I certify that Section 2 information provided is true and correct

Name of HR Official: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

SECTION 3: For UofL HR Administration Purposes Only

Date Received: _____

Approved Denied

UofL HR Official: _____ Date: _____

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