CERTIFICATION OF PRIOR EMPLOYMENT
UNIVERSITY OF PENNSYLVANIA BASIC AND MATCHING PLANS

Must be submitted within 6 months of your hire date. Penn’s contributions will begin after the completed form is received and processed by the Benefits Office.

Faculty and staff who meet the following requirements are eligible for a waiver of the one-year waiting period for Penn contributions to the University of Pennsylvania Basic and Matching Plans.

∙ Your employer immediately prior to Penn was eligible to sponsor, or did sponsor, a 403(b) plan (typically an educational institution, a hospital, a religious organization, or a charity)
∙ You were eligible to participate in your prior employer’s retirement plan and receive employer contributions; and
∙ You were in that eligible position for at least one year; and
∙ You were hired by Penn directly from the non-profit organization with no intervening employment, and were hired directly into a position eligible for the Basic and Matching Plans; and
∙ You return this form within 6 months of your hire date. If your form is not submitted within 6 months, you will be subject to the one-year waiting period.

* When an employee comes from a foreign employer, the Plan Administrator will evaluate the individual circumstances to determine eligibility for prior service credit.

To be completed by employee:

Name: ______________________________ Penn ID: ____________________________
E-mail: ______________________________ Phone number: ______________________

I certify that between leaving the employer below and coming to the University of Pennsylvania, I did not have intervening employment.

Signature: ____________________________ Date: ___/___/______

To be completed by prior employer:

1. Name of organization: ________________________________
   City and State: ________________________________
2. Is this organization eligible to sponsor a 403(b) Retirement Plan (regardless of whether it offers one)?
   □ yes  □ no
3. The person above was employed from ___/___/______ to ___/___/______.
4. Was the person above eligible to participate in your organization’s retirement plan for at least one year, and was this person eligible for employer contributions? □ yes  □ no

I certify that the above information is correct.

Signature: ____________________________ Date: ___/___/______
Printed name: ____________________________ E-mail: ____________________________
Title: ________________________________

Please return completed form to the University of Pennsylvania Benefits Office via fax (215-573-7385), or mail (HR-Benefits, 3451 Walnut St #600, Philadelphia, PA 19104-6205).

If you have any questions, please call 215-898-4436.