Penn Human Resources

EMPLOYMENT HISTORY VERIFICATION FORM
for Vesting Credit under the
University of Pennsylvania Basic and Matching Plans

Faculty and staff who have previously worked for the University, or one of its affiliates listed below, may receive credit towards the three (3) year vesting requirement for employer contributions under the Basic and Matching Plans.

_____ _____
Employee Name (please print) Penn ID

_____ _____
Email Address Daytime Telephone Number

I was employed by the following institution(s):	**Approximate dates of employment (mm/yyyy – mm/yyyy):**
☐ Chester County Hospital	_____ - _____
☐ Clinical Care Associates of UPHS	_____ - _____
☐ Clinical Practices of the University of Pennsylvania	_____ - _____
☐ Delancey Corporation	_____ - _____
☐ Hospital of the University of Pennsylvania	_____ - _____
☐ Lancaster General Hospital	_____ - _____
☐ Pennsylvania Hospital of UPHS	_____ - _____
☐ Pennsylvania Hospital Skilled Care Center	_____ - _____
☐ Penn Care at Home	_____ - _____
☐ Penn Center for Continuing Care	_____ - _____
☐ Penn Center for Rehabilitation and Care	_____ - _____
☐ Penn Home Infusion Therapy	_____ - _____
☐ Presbyterian Medical Center of UPHS	_____ - _____
☐ Presbyterian Multi-Specialty Group Practice Foundation d/b/a Presbyterian Medical Group PA	_____ - _____
☐ Presbyterian Personal Care Residence, Inc.	_____ - _____
☐ Princeton Healthcare System and affiliates	_____ - _____
☐ Spruce MRI	_____ - _____
☐ University of Pennsylvania	_____ - _____
☐ Wissahickon Hospice	_____ - _____

Please mail or fax the completed form to:

Mail: **HR-Benefits**
3451 Walnut St #600
Philadelphia, PA 19104-6205
Fax: **215-573-7385**