



Certification of Prior Employment for
Waiver of Service Requirement for
Vesting for the Princeton University Retirement Plan and/or
Enrollment into the Long Term Disability Insurance Plan

This form should only be completed if you were hired PRIOR to 8/31/2022. This form is not applicable to employees hired ON or AFTER 9/1/2022. This form should only be completed if the break between your previous employment and hire/appointment date at Princeton University is not greater than six (6) months.

In order to determine whether or not you meet the criteria to waive all or some of the service requirement for vesting for the Princeton University Retirement Plan and/or enrollment into the Long Term Disability Insurance Plan, the following information must be supplied to Princeton University by your prior employer. Please fill in your name, Social Security number, date of hire, and telephone number, and send this form to the appropriate human resources person at your prior employer. Waiver of Service Requirement information should be provided while still employed by Princeton University.

Name (please print): Employee ID number:

Date of Hire with Princeton University: Telephone:

To be completed by HR department of employer prior to Princeton University:

Dates of employment for the person listed above: from to

Long Term Disability

Was the person listed above a participant in a long term disability plan?

Yes No If yes, please provide the dates of coverage: from to

Retirement Plan

1. Is your tax status classified as an exempt organization under section 501(c)(3) of the Internal Revenue Code? . . .OR . .

2. Is your organization a public college or university which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on?

Yes No

Please print or type:

Name of HR person completing this form:

Title: Phone Number:

Name of employer/institution:

Signature: Date:

If there are any questions regarding this form, please call (609) 258-9109. Please return this form to:

Retirement Plans, Office of Human Resources,
100 Overlook Center, Suite 400, Princeton University
Princeton, NJ 08540

For HR Use Only:

Empl ID: Effective Date: BAS Activity = ANN Entered By: Date: