

ELON UNIVERSITY

Office of Human Resources
Elon University, Campus Box 2070
Elon, NC 27244

Elon University Defined Contribution Plan Waiting Period Waiver

Return to the Office of Human Resources upon completion of Sections A and B.

Section A: Elon University Defined Contribution Plan Waiting Period Waiver Request. To be completed by employee.

Employee Name (print full name): _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number (last four digits): _____

Work Phone #: _____

Previous Employer: _____

I hereby authorize my previous employer to release the requested information to Elon University. I understand that it is my responsibility to obtain the necessary authorization from my previous employer. I also understand that if approved, I will begin making mandatory contributions to the Elon University Defined Contribution Plan as of the first day of the month or as soon as administratively feasible after receipt of this completed form and my completion of all carrier and payroll enrollment forms for the plan.

Employee Signature: _____

Date Signed: _____

Section B: Statement of Previous Coverage. To be completed by Human Resources representative of previous employer.

HR Rep Name (print): _____

Institution: _____

Phone Number: _____

Employee Full-Time Date of Hire: _____ Last Day of Full-Time Employment: _____

Is your institution an educational organization or a teaching institution or an institution of higher education?
___ Yes ___ No

Do you offer a 401(a) qualified or 403(b) non-qualified retirement plan? ___ 401(a) ___ 403(b) ___ Neither

Did the employee complete at least 1 year and 1,000 hours while employed at your institution? ___ Yes ___ No

I hereby certify that the information provided is true and correct.

HR Rep Signature: _____

Date Signed: _____

Please return this form to hr@elon.edu, or Human Resources, Elon University, Campus Box 2070, Elon, NC 27244 or fax to 336-584-3467

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