



# American University Retirement Eligibility Verification Form

Confirming prior employment at a 501(c)(3) or 170(b)(1)(A)(ii) or other eligible organization. This may or may not be your most recent employer.

## SECTION 1: AMERICAN UNIVERSITY EMPLOYEE AUTHORIZATION

### AU Employee Instructions

1. Complete this section and send to your prior employer so that they may verify your years of service.
2. Request that this form be returned directly to you.
3. Return the completed and signed form to the American University Office of Human Resources (HR) benefits team at the address at the bottom of this form. The university matching cannot be established until this verification form is received in HR. It may take one to two payrolls for the university matching to be set up once a completed form is received in HR.

|                        |            |              |            |                |
|------------------------|------------|--------------|------------|----------------|
| Last Name              |            | First Name   |            | Middle Initial |
| Social Security Number | Home Phone | Campus Phone | Fax Number |                |
| Current Address        |            |              |            |                |
| Prior Employer         |            | Start Date   | End Date   |                |

I authorize my prior employer to provide American University with the information requested below.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

## SECTION 2: PRIOR EMPLOYER VERIFICATION

### To the Prior Employer:

The individual identified above is a prior employee of your organization. To qualify for the American University employer-match in the university's retirement plan in advance of the normal waiting period, the Plan requires verification of prior employment with a tax-exempt organization (as defined by Internal Revenue Code Sec. 501(c)(3)) or another educational institution, as defined by Internal Revenue Code Sec. 170(b)(1)(A), for at least 1,000 hours during one year of service. Verification of eligibility for this waiver is subject to the approval of American University. By their signature above, this individual authorizes you to verify their service so that American University may determine their eligibility for the university's matching contribution in the retirement plan.

### Prior Employer Instructions

1. Please verify the dates, hours of service, address and the tax-exempt status of your organization.
2. Once complete, please return this form directly to the employee at the fax or address indicated in Section 1.
3. If you have any questions about this form, please email [hrpayrollhelp@american.edu](mailto:hrpayrollhelp@american.edu) or call 202-885-3836.

|  |  |
|--|--|
| Start Date of Service  | End Date of Service  |
| Title of Last Position   |  |
| Is this organization an institution described in Code Section 501(c)(3) or Code Section 170(b)(1)(A)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No (see next line) | Did this person work at least 1,000 hours for at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please describe your organization   |  |
| Prior Employer Address   |  |
| Prior Employer Phone   | Prior Employer Fax   |
| Signature  | Date   |