



Return completed form to University of Louisville  
Human Resources at [benefits@louisville.edu](mailto:benefits@louisville.edu)

## Request to Waive Service Requirements for 403(b) Retirement Savings Plan

**Instructions:** Please provide this completed request as soon as possible after hire or within 90 days. This request will determine eligibility for employer contributions and vesting. Section 2 must be completed by your most recent prior employer. Once a request is approved, it will become effective as soon as administratively possible. Note the University of Louisville (UofL) will not provide retroactive contributions.

### SECTION 1: To be completed by Employee

Name: \_\_\_\_\_ UofL Employee ID: \_\_\_\_\_  
First Middle Last

Were you a prior benefits-eligible employee at UofL?

☐ Yes

☐ No

If yes, what were your past UofL employment dates?

\_\_\_\_\_  
Hire date

\_\_\_\_\_  
End Date

*I authorize my prior employer to provide the University of Louisville with the information requested below. I certify that this was my most recent past employer.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SECTION 2: To be completed by Prior Employer HR Official

#### About Employer

Organization Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Employer Type (Check One)

☐

College or University

☐

Non-Profit Research Institute

☐

Kentucky State Government

☐

Non-Profit entity performing substantially similar services to those above

☐

Other (please explain)

\_\_\_\_\_

#### About Employee

Previous Position Title: \_\_\_\_\_ FTE: \_\_\_\_\_

Date Eligible for Your Retirement Plan: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Certification and Signature

*I certify that Section 2 information provided is true and correct*

Name of HR Official: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3: For UofL HR Administration Purposes Only

Date Received: \_\_\_\_\_

☐

Approved

☐

Denied

UofL HR Official: \_\_\_\_\_

Date: \_\_\_\_\_

*Return completed form to University of Louisville Human Resources at [benefits@louisville.edu](mailto:benefits@louisville.edu)*