

In order to determine whether you are eligible to waive the one year waiting period for the Basic Retirement Plan and/or Disability Coverage, please complete section one and forward the form to your former employer to complete section two. *Please note, to receive the waiver for Disability insurance, this form must be completed and returned to Northeastern within 30 days of your date of hire.*

Section 1: Completed by Northeastern Employee

Please complete and forward the form to your former employer.

Name and Address of Your Former Employer: _____ Date: _____

Your Name: _____ Your Social Security Number: _____

Signature: _____

Date of Hire at Northeastern: _____ Campus Address: _____

If previously employed at Northeastern, please provide your employment dates: _____

Section 2: Completed by Former Employer

Your former employee, named above, has recently become an employee at Northeastern. To determine his/her eligibility for the Retirement Plan and Long Term Disability coverage (LTD), please provide the following benefits information and return to Northeastern via fax or email

Name of prior employer: _____

Please spell out, no abbreviations

Organization is a Degree Granting institution or a 501(c)(3) tax-exempt employer: Yes No

Date of Hire in a Full Benefits Eligible Position: _____

Date of Termination from Full Benefits Eligible Position: _____

Long Term Disability Coverage

Date Participation Began: _____ Date Participation Ended: _____

Signature, title, date, and contact information

Signature of Representative of Prior Employer: _____ Date: _____

Title: _____ Phone Number: _____

Return this form to: HR/Benefits via email _____ Email address: _____
HR-Benefits@northeastern.edu
or Fax 617-373-7610