



University Benefits Office
Pace University
100 Summit Lake Drive
Valhalla, New York 10595

PHONE: (914) 923-2828
FAX: (914) 989-8506

403(b) Retirement Plan - Waiting Period Waiver

Return to University Benefits office upon completion of Sections A and B.

Section A: To be completed by Pace University employee.

Employee Name:

UID#

Work Phone #:

Previous Employer:

I hereby authorize my previous employer to release the requested information to Pace University. I understand that it is my responsibility to obtain the necessary authorization from my previous employer. I also understand that if approved, the University contribution to my 403(b) Retirement Plan will begin as of the first day of the month following receipt of this completed form and my completion of the (updated, if applicable) 403(b) Salary Reduction Agreement Form.

Employee Signature

Date Signed:

Section B: 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 a 501(c)(3) organization Yes No or an organization of higher education? Yes No

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

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

HR Rep Signature

Date Signed:

Please return this form to the employee listed in Section A above.