



Brandeis University

Office of Human Resources
Benefits section – MS 118
781.736.4468 781.736.4466 FAX

Service Credit at Other College
or University

Brandeis Employee Section

After completing this section, the Brandeis Employee should forward this entire form to their Prior employer for completion. Once completed, it should be returned via fax or mail.

Employee Name: _____ Social Security #: XXX-XX-_____

Campus Address: _____ Employee Date of Hire: _____

Please Sign: _____
(Brandeis Employee Signature) (Date)

Please note: A completed salary reduction agreement must also be submitted along with this form in order to begin payroll deductions. Both forms must be submitted prior to the effective date of the Salary Reduction Agreement. No retroactive contributions will be permitted.

Prior Employer Section

Your former employee, as noted above, has recently become an employee of Brandeis University. In order to determine his/her eligibility for our retirement plan, please provide the following benefits information:

Prior Employer Name: _____

Prior Employer Address: _____

Full-time Equivalency (FTE) of position: _____

Hire Date for this position: _____ Termination Date for this position: _____

Does your organization satisfy the requirements of code section 501(c)(3)? Yes No

Was the above named employee eligible to participate in your institution's pension plan? Yes No

If not, why? _____

Name of Person completing this form: _____
(Please Print)

Title: _____

Phone Number: _____ Email: _____

Please Sign: _____
(Signature) (Date)

Please return completed form to:
Brandeis University
Office of Human Resources
Benefits section, MS 118
PO Box 549110
Waltham, MA 02454-9110

OR FAX to 781.736.4466