



Waiver of Service Period for LTD and Basic Retirement Plan Participation

**Submit completed form to
Benefits Division
720 University Place
Evanston, IL 60208
FAX 847-467-2288**

PERSONAL INFORMATION		Social Security Number			Employee ID (On Your NU Wildcard)	
Last Name		First Name		M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
					Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Home Street Address		Apt	City		State	Zip
Date of Birth	Date of Hire	Home Phone	Work Phone	Email		

Were you previously an employee at Northwestern University? Yes No

Employees who are at least 24 years old and have at least one year of benefits eligible service at Northwestern University are eligible to participate in the Long Term Disability (LTD) insurance and Basic (Matched and Unmatched) Retirement plans.

You can waive the LTD one year service period if you are at least age 24 and submit this completed form to the Benefits Division confirming that immediately prior to your hire date at NU, you were covered by an employer sponsored LTD plan for the previous year.

You can also waive the retirement plan one year service period if you are at least age 24 and submit this completed form confirming that you received employer contributions under a retirement savings plan at a tax-exempt educational or research organization for at least a **12-consecutive month period** immediately prior (within 31 days) to NU employment.

Percentage of Eligible Earnings	Specify Investment Company	Investment Company Allocations
Unmatched <u>5%</u>	TIAA-CREF- Plan ID 101332	%
	Fidelity Investments – Plan ID 56005	%
	TOTAL	100%
Matched _____% (Select Percentage between 1% and 5%)	TIAA-CREF- Plan ID 101332	%
	Fidelity Investments – Plan ID 56005	%
	TOTAL	100%

Employee Signature: _____

*****(Be sure to go online and create an Investment Company Account)**

To be completed by previous employer:

- 1) Dates of LTD insurance coverage for the person named above: From _____ to _____
- 2) Are you a tax-exempt educational or research organization or a state educational organization? YES NO
- 3) Dates employee received employer contributions under a Code section 403(b) retirement plan or a Code section 401(a) retirement plan: From _____ to _____

Name of person completing this form: _____

Title: _____ Phone: _____

Name of employer: _____

Signature: _____