

## AUGSBURG UNIVERSITY

### Retirement Plan Verification Form

This verification is to determine the employee's eligibility to participate in the level one employer contribution in the Defined Contribution Retirement Plan (Plan) prior to completing one year of service with Augsburg University. An employee may be eligible to participate in the Plan prior to completing the required year of service if, immediately prior to the start date, the employee was employed by an educational institution and was eligible to participate in employer contributions to that plan.

Employees must provide verification of their eligibility. The one year of service requirement will be waived provided the employee can provide one of the two types of verification listed below:

1. A retirement statement or paystub indicating the previous employer's last contribution to the plan.
2. The verification section of this form on which the previous employer verifies eligibility and/or the employer contribution to a retirement plan.

Payroll deductions and contributions will begin the pay period following the receipt of this documentation and a completed Salary Reduction Agreement by Human Resources.

Once the verification paperwork is secured, please return it along with the Salary Reduction Agreement to Human Resources in Memorial Hall, Room 19 or CB 79; email at [hr@augsborg.edu](mailto:hr@augsborg.edu), or fax at 612.330.1443

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#### PREVIOUS EMPLOYER VERIFICATION SECTION:

*The information provided in this verification form will be used in determining the employee's eligibility to participate in Augsburg University's Defined Contribution Retirement Plan.*

**Employee Name:** \_\_\_\_\_

The employee listed above was employed by: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

The last position held was: \_\_\_\_\_

Was the former employee eligible to receive an employer contribution to the plan? Yes\_\_\_\_ No\_\_\_\_

Was the company contributing to the former employee's retirement? Yes\_\_\_\_ No\_\_\_\_

Previous Employer's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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