

**RIT Retirement Savings Plan Information Form for
Waiver of One Year Waiting Period**

Name: _____

By completing this form, I am requesting to have the one (1) year waiting period for the RIT matching contribution to the RIT Retirement Savings Plan waived. I certify that I meet the eligibility to have the waiting period waived because I have one or more consecutive years of regular full-time service with another qualified educational institution and I commenced employment at RIT within three months of termination at the other institution. I further certify that this information is true and accurate to the best of my knowledge.

I understand that RIT's Human Resources Department will verify this information. I further understand that if I am certified as eligible for the waiver of the one (1) year waiting period, the RIT matching contribution will begin the first of the month coinciding with or following RIT's receipt of this form from my prior institution and only if I am contributing at least 2% to the RIT Retirement Savings Plan. I acknowledge that, to the extent I am eligible, RIT's matching contributions will NOT commence, until RIT has received this form from the other institution.

By signing below, I am agreeing to the above terms and authorize my prior employer to provide my employment history information to RIT.

Name of College/University

Dates of Employment

Job Title

Contact Information for Prior College/University's Human Resources Representative

Name: _____

Title: _____

Phone: _____

Email: _____

Employee's Signature

Date

Verification From Prior Employer

I certify that the above-named employee, was employed ***Full-Time*** at our institution, which is an education institution as defined by IRS Section 170(b) A (ii) as follows:

From: _____ to _____
Month, day, year Month, day, year

Signature

Date

Print Name

Title

Phone Number

E-Mail Address