Syracuse University

TIAA Waiver

Welcome to Syracuse University!

Syracuse University has a very generous retirement program with TIAA. After completing one (1) year of service and 1000 hours in the calendar year the University will contribute, on your behalf, the equivalent of 10% of your allowable gross income per pay period towards a TIAA Retirement Annuity Account.

In order to **waive** the University's one (1) year waiting period you must meet the criteria provided in the waiver form. Please forward the waiver form to your previous employer for completion. This can be accomplished via fax. Once they have completed this form they should return this to you for review, sign, date and return to HR Shared Services.

Please keep in mind that there is no retroactive contribution of the University 10% benefit. This waiver shall be effective as soon as administratively feasible following receipt of the completed TIAA Waiver Form by the University's Human Resources Office.

HR Shared Services
621 Skytop Road, Suite 1001
Phone 315.443.4042
Fax 315.443.1063

Syracuse University

TIAA Waiver

Return this form to:
HR Shared Services
hrservice@syr.edu
Phone: 315.443.4042 Fax: 315.443.1063
621 Skytop Road, Suite 1001, Syracuse, NY 13244

From:

_____

Name/Title *

_____

Institution *

_____

Address *

This is to verify that (first name, last name) _____ at any time during the 12 months immediately preceding the employee's date of employment with Syracuse University, was employed (i) by a four-year College or University which confers a baccalaureate degree or an equivalent institution, as determined by the Administrative Committee, or (ii) by a not-for-profit research organization that is organized under Code Section 501(c)(3) and that is affiliated with the University, or any other four-year College or University that confers a baccalaureate degree or an equivalent.

Dates he/she was employed (month/day/year): _____ to _____.

During the employee's last 12 months of employment, he/she worked _____ hours per week for _____ weeks for an aggregate total of _____ hours and was **not** employed during this period as a student or graduate student.

_____ _____

Authorized Signature of Previous Employer * **Date ***

Employee Verification:
To become a participant in the plan and receive University contributions, an eligible employee must complete a TIAA enrollment form. Please keep in mind that there is no retroactive contribution of the University 10% benefit. This waiver shall be effective as soon as administratively feasible following receipt of the completed TIAA Waiver Form by the University's Human Resources Office.

I, the undersigned, hereby state that I have read and verify that the above information, given by my previous employer is accurate, and that I understand the above policy.

_____ _____ _____

Employee Signature * **Date *** **SUID ***