



American University Retirement Eligibility Verification Form

Confirming prior employment at a 501(c)(3) or 170(b)(1)(A)(ii) or other eligible organization. This may or may not be your most recent employer.

SECTION 1: AMERICAN UNIVERSITY EMPLOYEE AUTHORIZATION

AU Employee Instructions

1. Complete this section and send to your prior employer so that they may verify your years of service.
2. Request that this form be returned directly to you.
3. Return the completed and signed form to the American University Human Resources (HR) benefits team at the address at the bottom of this form. The university matching cannot be established until this verification form is received in HR. It may take one to two payrolls for the university matching to be set up once a completed form is received in HR.

Last Name		First Name		Middle Initial
Social Security Number	Home Phone	Campus Phone	Fax Number	
Current Address				
Prior Employer		Start Date	End Date	

I authorize my prior employer to provide American University with the information requested below.

Signature	Date
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SECTION 2: PRIOR EMPLOYER VERIFICATION

To the Prior Employer:

The individual identified above is a prior employee of your organization. To qualify for the American University matching in the Retirement Plan in advance of the waiting period, the Plan requires verification of employment with a 501(c)(3), 170(b)(1)(A)(ii), or other eligible organization (such as a state college or university) as determined by American University, for at least 1,000 hours during one year of service. By his/her signature above, this prior employee authorizes you to verify service so that we may determine his/her eligibility for American University's matching contribution in the Retirement Plan.

Prior Employer Instructions

1. Please verify the dates, hours of service, address and the tax-exempt status of your organization.
2. Once complete, please return this form directly to the employee at the fax or address indicated in Section 1.
3. If you have any questions about this form, please contact American University's benefits team at 202-885-3400.

Start Date of Service	End Date of Service		
Title of Last Position			
Is this organization an institution described in Code Section 501(c)(3) or Code Section 170(b)(1)(A)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No (see next line)		Did this person work at least 1,000 hours for at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe your organization			
Prior Employer Address			
Prior Employer Phone		Prior Employer Fax	
Signature			Date

*Code Section 170(b)(1)(A)(ii) refers to "an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on."