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.

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. The university matching cannot be established until this verification form is received in Human Resources. It may take one to two payrolls for the university matching to be set up once a completed form is received in Human Resources.

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
Print this form and sign.	

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 fax or mail this verification form direct to the employee at the fax or address above.
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	If faculty, was this person on a full-time faculty contract for at least one academic year? ☐ Yes ☐ No
Is this organization an institution described in Code Section 501(c)(3) or Code Section 170(b)(1)(A)(ii)[1]? ☐ Yes ☐ No (see next line)	If staff, did this person work at least 1,000 hours for at least 12 months? ☐ Yes ☐ No
If no, please describe your organization	
Prior Employer Address	
Prior Employer Phone	Prior Employer Fax
Signature	Date

[1]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."

American University | Office of Human Resources
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