

Please complete the top section of this form only if you have worked for a college or university within 90 days of your date of hire at Smith College. Then, please send it to your previous institution for their verification. Please print clearly.

Employee Name, Last:	_First:	_MI:
Last 4 Digits of SSN:		
Name of College or University:		
Employee ID # at Previous Institution:		

The section below must be completed by the HR staff at your former institution.

Eligibility Verification for Employer Retirement Contributions

Please provide the information below to verify your former employee's dates of service and hours worked. This verification will enable Smith College to determine whether this employee has already met the requirements to begin receiving employer retirement contributions under Smith College's 403(b) plan. Please provide the following information:

D	ates of Employment:		
Т	The above-named former employee (please check all that apply):		
	worked at least 910 hours in any calendar year received employer contributions in our 403(b) plan		
	OR		
	 never worked at least 910 hours in any calendar year never received employer contributions in our 403(b) plan 		
HR Signati	ure:	Date:	
Name:		Phone:	
Title:		Email:	
Please return to: tbenoit@smith.edu or Fax: 413-585-2284 Thank you!			

Effective____