

Duke Faculty and Staff Retirement Plan
Request for Service Requirement Waiver

Important information about the service waiver

If you are eligible to receive Duke's contribution to the Faculty and Staff Retirement Plan, Duke may make contributions on your behalf after you have completed one year of service and have attained age 21.

You may be eligible to waive the one-year wait for the Duke contribution if you meet the following criteria:

- your hire date with Duke is within 90 days of your date of termination with your immediate previous employer;
- you were receiving fully vested employer contributions or accruals under a Code Section 403(b), 401(k), or 401(a) retirement plan maintained by your immediate prior employer; and
- your immediate previous employer is an organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code) (examples: churches, schools, colleges/universities, hospitals, medical research organizations, some publicly supported/ community organizations) or a state educational organization as described in the Code Section 403(b)(1)(A)(ii).

It is your responsibility to provide proof of participation with your previous employer's plan.

If your service waiver is approved, your Duke contribution will start on the first day of the month following the month the Duke Benefits Office receives acceptable information from your previous employer.

Instructions

Your immediate previous employer must complete and send the Request for Service Requirement Waiver form to the Duke Benefits Office via email (benefits@duke.edu) with a subject line of: **"Duke 403b Plan - Service Waiver"** or regular mail in an official envelope to Duke Benefits at 705 Broad Street, Box 90502, Durham, NC 27708.

Please note: If you previously had a year of service at Duke University/Duke University Health System and you are re-hired into an eligible position, you may be eligible to receive the Duke contribution on the 1st of the month following your rehire date and you would not need to complete this form. In order to ensure your Duke contribution starts in a timely manner, you must notify the Benefits Office in writing of your prior Duke employment.

If you have at least one year of previous employment at Duke, please provide:

- Your name and your date of birth
- Your Duke Unique ID
- Your dates of prior employment at Duke (approximate)
- Your contact phone number and your Duke e-mail address (if applicable)

This information should be sent to Duke Benefits via email (benefits@duke.edu) with a subject line of: **"Duke 403b Plan - Prior Duke Employment"**.

Questions?

If you have questions, please contact Duke Benefits Office via email (benefits@duke.edu) or phone at 919-684-5600. For additional information about the Duke Faculty and Staff Retirement Plan including the Summary Plan Description, please visit: hr.duke.edu/benefits/retirement/

Duke Faculty and Staff Retirement Plan
REQUEST FOR SERVICE REQUIREMENT WAIVER

Section 2 and 3 must be completed by your immediate prior employer

Section 1: YOUR INFORMATION

Name: _____ Date of Birth: _____
Duke Unique ID: _____

Section 2: PRIOR EMPLOYER INFORMATION

Please provide the following information:

1. Name of the Organization: _____
2. Location: _____
3. This organization is a:
 501(c)(3) organization
 State educational organization as described in Code Section 403(b)(1)(A)(ii)
 Other: _____
4. This person terminated employment on (MM/DD/YYYY): _____
5. Was this person receiving employer contribution or accruals under a Code Section 403(b), 401(k), or 401(a) retirement plan maintained by your organization?
 Yes No (Skip questions 6 - 8 and continue on Section 3)
6. What is the name of your organization's Retirement Plan? _____
7. What type of retirement plan was this person participating?
 403(b) plan 401(a) plan
 401(k) plan Other _____
8. Was this person fully vested in the employer contributions at the time of termination?
 Yes Not applicable
 No

Section 3: CERTIFICATION

I certify the above information is correct.

Certifier's Signature: _____ Email Address: _____
Printed Name: _____ Phone: _____
Title _____ Date: _____

FOR DUKE'S INTERNAL USE ONLY

Date Received: _____ CSD: _____
 Approved – UC Effective date: _____ *Denied* – Reason: _____
 Retro Effective date: _____ *Immediate Eligibility Date*: _____
Processed by: _____ Date: _____
Reviewed by: _____ Date: _____

Instructions for your prior immediate employer: Please return completed form to the Duke Benefits Office via email (benefits@duke.edu) with a subject line of: "*Duke 403b Plan - Service Waiver*" or regular mail in your organization's official envelope to **Duke Benefits at 705 Broad Street (Box 90502), Durham, NC 27705**. If you have questions, please contact Duke Benefits Office at 919-684-5600.