

Request to Waive Waiting Period for Institution Plan Contributions to the University of Puget Sound Retirement Savings Plan

Name: _____

Campus Phone Number: _____

Department: _____

E-mail Address: _____

This form is to be used by faculty and staff eligible to waive the one year waiting period to receive institution plan contributions to the retirement savings plan. To be approved for this waiver, you must have completed one year of service¹ at an eligible employer².

¹**One year of service** means twelve (12) months of service immediately prior to your employment at the University of Puget Sound.

²**Eligible Employer** means any non profit or public institution of higher education, non profit or public cultural institution, or non profit or public research institution of higher education.

By completing this form you are indicating you meet the above criteria.

I have completed One Year of Service at another Eligible Employer based on the definitions above

Name of Eligible Employer: _____

Length of Employment: _____

Last Day of Work at Eligible Employer: _____

Please indicate Eligible Employer type:

- Non profit or public institution of higher education
 Non profit or public cultural institution
 Non profit or public research institution of higher education

You will start receiving institution plan contributions on the first day of the month following your first day of employment at the University of Puget Sound, or the first day of the month following your submission of this written notification to Human Resources, whichever is later.

Institution plan contributions will be made for each participant, based on his or her regular salary, in accordance with the schedule below.

Employment Classification	%
Faculty and staff who are exempt from the provisions of the Fair Labor Standards Act	12%
Staff who are not exempt from the provisions of the Fair Labor Standards Act	10%

If an eligible faculty or staff member is enrolled as a participant on a date other than the first day of the plan year, only that portion of the regular salary earned while enrolled as a participant shall be taken into account for purposes of institution plan contributions.

Signature: _____

Date: _____

Submit completed form to University of Puget Sound Human Resources: Howarth Hall 016 / CMB 1064 / hr@pugetsound.edu / Fax 253.879.2839

Updated: February 2012