



DOCUMENTATION OF SERVICE FOR IMMEDIATE PARTICIPATION IN THE WASHBURN UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN

To: Director of Human Resources at:

(Name of Previous Institution of Higher Education, Washburn University Alumni Association and Foundation, or KBOR)

The Washburn University Defined Contribution Retirement Plan (the "Plan") requires that the following information be verified by an appropriate institutional officer before a new employee with Washburn University may waive the required one year waiting period and begin immediate participation in the Plan. It is the responsibility of the employee to provide acceptable documentation to Washburn University in order to waive the one year waiting period.

I hereby certify that (Name) \_\_\_\_\_ has been employed from \_\_\_\_\_ to \_\_\_\_\_. First Day Worked Last Day Worked

And worked: \_\_\_\_\_ total number of hours in their last twelve (12) months of employment

Official Signature Printed Name Position Title Institution Mailing Address Email Address Phone Number Date

This form is to be completed by the appropriate institutional officer and emailed or faxed directly from the institution to:

- 1. benefits@washburn.edu. 2. 785-670-1642 (fax number)

If you have any questions about this form, please email benefits@washburn.edu or call 785-670-1538.

Please Note: To be considered for immediate participation, your employment at a qualifying employer must have occurred within 12 months preceding the start of benefit eligible employment at Washburn.