

# 401(a) Retirement Plan Prior Employment Verification

CONTRIBUTIONS WILL BEGIN AFTER THIS FORM IS  
RECEIVED AND PROCESSED BY GW BENEFITS

GW Benefits  
benefits@gwu.edu  
(571) 553-8382

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON, DC

Two years of service at the George Washington University (GW) are required for participation in the GW 401 (a) Retirement Plan for Faculty and Staff (the Plan). The two-year service requirement may be satisfied in whole or in part by service at another educational organization of higher learning described in IRC Section 170(b)(1)(A)(ii) or 511(a)(2)(B), or with a college or university located outside of the United States with accreditation or similar designation from the country where it is located.

**One year of creditable service is a 12-consecutive month period during which you were credited with at least 1,000 hours of service.** Credit will be granted for full years of service only. The years of service do not have to be consecutive; credit will be given for applicable service that occurred at any time in your employment history with a qualifying educational institution.

If you are credited with two years of service under the Plan, you will be eligible to receive university contributions under the Plan effective the first of the month following receipt of your form in good order\*. If you are credited with one year of prior service, you will be eligible to receive university contributions under the Plan on the first of the month following your one-year anniversary with GW. If you do not receive any credit for prior service, you will receive university contributions under the Plan after you complete two years of service with GW.

*\*Exception: If you were hired on the first of the month, and you provide this form in good order within 30 days of your hire date, 401(a) contributions will be effective your hire date.*

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## 1. Employee Authorization

Name \_\_\_\_\_ Other name used, if applicable \_\_\_\_\_

GWID \_\_\_\_\_ Formerly employed by GW?  Yes  No

Mailing address \_\_\_\_\_

Email Address \_\_\_\_\_

Former employer (university/college) \_\_\_\_\_

Former employer ID \_\_\_\_\_

I authorize my former employer to supply GW with the information requested on page 2 of this form, and for my former employer to respond to any follow-up requests from GW regarding the information provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Continued on page 2

## 2. Prior Employer Verification

The individual listed on page 1 of this form is a former employee of your educational institution, and has signed this form authorizing you to verify the following information. The information that you provide will be used solely to determine eligibility for the GW 401(a) Retirement Plan for Faculty and Staff. Please return this completed form to your former employee at his/her mailing or email address listed on page 1. If you have any questions, please contact GW Benefits at [benefits@gwu.edu](mailto:benefits@gwu.edu) or (571) 553-8382.

The employee listed on page 1 of this form was employed by \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ Last position held \_\_\_\_\_

How many years did the employee work at your institution (one "year" is defined as a 12-consecutive month period of at least 1,000 hours of service)? \_\_\_\_\_

If faculty, please provide the number of academic years the employee had full-time faculty appointment \_\_\_\_\_

Employment at this institution was  Full-Time  Part-Time

If your institution is located within the U.S., is your institution described under IRS Code Section 170(b)(1)(A)(ii) **or** 511(a)(2)(B)? (See below or your organization's Form 990) Yes  No

- **IRC Section 170(b)(1)(A)(ii)** - a tax-exempt 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 held.
- **IRC Section 511(a)(2)(B)** - state colleges and universities.

If your institution is located outside of the U.S., is your institution accredited, or has it received a similar designation or recognition as a college or university from the relevant private or governmental body in the country where your institution is located?  Yes  No List governing body \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Contact phone number \_\_\_\_\_ Email address \_\_\_\_\_

### How to Submit Your Completed Form

Please submit this completed form to GW Benefits via email at [benefits@gwu.edu](mailto:benefits@gwu.edu), or fax to (571) 553-8385.