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Office of Human Resources

Retirement Verification Form

The mandatory two year waiting period for new employees to enroll in Clark University’s retirement plan is waived for those with two years of continuous service in a non-student position at another institution of higher education.

Please complete the Employee Authorization section and then send this form to your previous employer for verification. Once completed by your former employer, it can be returned to the HR office with a completed Salary Reduction Agreement.

Employee Authorization

Name: _____ Social Security #: _____

Previous Employer (Including Address): _____

Dates of Services: From: _____ To: _____

I authorize my former employer to supply Clark University with the information requested below.

Signed: _____ Date: _____

Former Employer Authorization

Your former employee indicates that he/she meets the eligibility requirements for immediate enrollment into a retirement plan with Clark University.

Written verification from your institution is required prior to enrollment him/her this benefit. Please confirm their eligibility by completing the bottom portion of this form. Thank you.

Dates of Services: From: _____ To: _____

Did the employee work at least 1,000 hours during at least two (2) years of Employment? Yes No

Signed: _____ Title: _____ Date: _____

Print Name: _____ Phone Number: _____