

Case Western Reserve University 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: \_\_\_\_\_

**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 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 Case Western Reserve University HR Service Center via email (askhr@case.edu) with a subject line of: **"Case 403b Plan - Service Waiver"**.