

Retirement Verification Form

The mandatory one year waiting period for new employees to enroll in WPI's retirement plan is waived for those who meet certain eligibility requirements.

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

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

Employee Authorization

Name: _____ Social Security #: _____

Previous Employer (including address): _____

Dates of Services: From: _____ To: _____

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

Signed: _____ Date: _____

Former Employer Authorization

Dates of Services: From: _____ To: _____

Did the employee work at least 1,000 hours during at least one (1) year of Employment? Yes No

Did the employee participate in your institution's retirement plan? Yes No

If so, please define what type of plan: _____

Signed: _____ Title: _____ Date: _____

Print name: _____ Phone number: _____

WPI Use Only Sent Enrollment Kit _____ Workday _____
