University of Rochester
403(b) Retirement Program

RETIREMENT SERVICE CREDIT FORM

After two years of employment as a full-time or part-time faculty or staff member, the University will begin making a Direct Contribution to the Retirement Program on your behalf. This includes prior service completed at:
- Higher educational institution
- Teaching hospital
- Research foundation, not-for-profit
- Support organization for higher educational institutions, not-for-profit
- Member of the controlled group* of the University

Please note: Student employment is not considered regular employment and is not eligible for service credit.

Name ___________________________ Date of Hire _____________ Employee I.D. # ___________

I hereby certify that I was previously employed by the following higher educational institution(s), teaching hospital(s), not-for-profit research foundation(s), not-for-profit support organization(s) for higher educational institutions, or member of the University’s controlled group* as a regular employee, and that my work schedule at each employer was at least 50% of a regular full-time schedule:

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>City &amp; State</th>
<th>Dates of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________________________                      _____________          _____________

________________________________________________________                       _____________         _____________

________________________________________________________                       _____________         _____________

_____________________________________________                      ____________________              ____________

Signature of Employee                        Telephone Number                        Date

To receive service credit, please complete and return this form to the University of Rochester Benefits Office:

E-mail: retirementprogram@ur.rochester.edu    Fax: 585-273-1054    Mail: P.O. Box 270453

If you have questions, please contact 585-275-4668.

Forms received more than 90 days after appointment date cannot be processed retroactively.

* Members of the controlled group of the University of Rochester include: Highland Hospital, Highlands at Brighton, Highlands at Pittsford, Highlands Living Center, Visiting Nurse Service (UR Medicine Home Care), Visiting Nurse Signature Care, High Tech Rochester, Nicholas H. Noyes Memorial Hospital, Jones Memorial Hospital, and F. F. Thompson Health System, Inc.