

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 a:

- 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 (Prin)	Date of Hire	Employee I.D. #	
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I hereby certify that I was previously employed by the following higher educational institution(s), teaching hospital(s), notfor-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**:

Name of Employer	City & State	Dates of S	Dates of Service	
		From	<u>To</u>	
		(mm/dd/yyyy)	(mm/dd/yyyy)	
Signature of Employ	vee	Telephone Number	Date	
To receive service cre	edit, please complete and return t	his form to the Office of Total Reward	s:	
	E-mail: retirementprogram@u	r.rochester.edu		

If you have questions, please contact retirementprogram@ur.rochester.edu.

Forms received more than 90 days after appointment date will <u>not</u> be granted retroactive contributions.

* Members of the controlled group of the University of Rochester include: Highland Hospital, Highlands at Pittsford, Highlands at Brighton, Highlands Living Center, Inc, UR Medicine Home Care (previously Visiting Nurse Service, Visiting Nurse Signature Care), Nicholas H. Noyes Memorial Hospital, Jones Memorial Hospital, F. F. Thompson Health System, Inc., St. James Hospital, and Finger Lakes Health Revised 04/2024

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An Equal Opportunity Employer