



TIAA-CREF WAIVER FORM

Human Resources, Skytop Office Bldg., 443-4042

TO: Syracuse University
HR Service Center
Skytop Office Building
Syracuse NY 13244-1200
Fax 315-443-1063
Phone 315-443-4042

FROM:

(Previous Employer)

(Address)

This will verify that _____ was employed by the employer identified above during the period(s) indicated below. This also will verify that the employer is either (i) a four-year college or university which confers a baccalaureate degree, or (ii) a college or university, foreign or domestic, which confers the equivalent of a baccalaureate degree, or (iii) a not-for-profit research organization that is organized under Internal Revenue Code Section 501(c)(3) and that is affiliated with Syracuse University or an entity described in (i) or (ii) above.

The dates he/she was employed: _____ to _____
(Month/day/year) (Month/day/year)

During the employee's last 12 months of employment, he/she worked _____ hours per week for _____ weeks for an aggregate total of _____ hours.

Previous Employer's Representative:

(Name) (Title) (Date)

(Phone) (E-Mail)

Signature:

Employee Certification

I, the undersigned employee of Syracuse University, hereby certify that I have read and do hereby verify that the above information, given by my previous employer is accurate. I further certify that I understand that I will be enrolled in the applicable Syracuse University plans only if I satisfy the eligibility requirements of those plans and complete and return all applicable enrollment or other forms.

Signature:

SS#: _____ Date: _____

