

Middlebury

Dear Employer:

_____ has recently accepted a position with Middlebury College. Under certain circumstances new employees are given credit towards the waiting period for a higher level of employer contributions in Middlebury's retirement plan. In order to determine eligibility for the accelerated benefit level we need to know certain information about this employee's participation in your organization's retirement plan. Please take a moment to answer the questions below and to return the information to us. If you have questions or need additional information, please call Benefit, at Green Mountain Higher Education Consortium at 802-443-5485. Thank you for your assistance.

Sincerely,

Benefits Team
Green Mountain Higher Education Consortium

Previous Retirement Plan Confirmation

1. What date did the employee terminate employment with your organization? _____
2. How many years did the employee work *at least 1,000 hours* with your organization?
 No years
 One year
 Two or more years
3. Did the employee participate in a 401(a), 401(k), or 403(b) plan with your organization?
 No.
 Yes. Plan Type: _____ Date Last Participating: _____
4. If you answered "Yes" in #3, above, then:
 - a. What *percent of compensation* did the employee receive as an employer contribution into your company's retirement plan? _____%
 - b. Was the employer contribution *non-discretionary*?
 No.
 Yes.

Form Completed By:

_____	_____
Name & Title	Date
_____	_____
Employer Name	Phone Number

Please email the completed form directly to Benefits@GMHEC.org

For HR Use Only: Date form received: _____ Qualified for accelerated level: Y N (if no, stop here.)

Initial Level: _____ Option Code: _____ Effective Date: _____

Authorized by: _____ Special instructions: _____ Entered: _____