



**NORTHEASTERN EMPLOYEE COMPLETES THIS SECTION**

**The NU Employee should forward this entire form to their prior employer to complete the section below and return it to the address or fax# at bottom right:**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Former Employee \_\_\_\_\_

SSN \_\_\_\_\_

Signature of Former Employee \_\_\_\_\_

Date of Hire at NU \_\_\_\_\_ Campus Address \_\_\_\_\_

**PRIOR EMPLOYER COMPLETES THIS SECTION:**

Your former employee, as noted above, has recently become an employee of Northeastern University. In order to determine his/her eligibility for certain benefits programs, please provide the following benefits information:

Name of Prior Employer: \_\_\_\_\_  
(please spell out – no abbreviations)

Does this institution grant four year degrees (e.g. BS, BA) YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Hire in a Benefits Eligible Position: \_\_\_\_\_

Date of Termination from Benefits Eligible Position: \_\_\_\_\_

**Retirement Plan**

Date participation began \_\_\_\_\_ Date participation ended \_\_\_\_\_

Type of plan: 403 (b) \_\_\_\_\_ 401 (a) \_\_\_\_\_ 401 (k) \_\_\_\_\_ Defined Benefit \_\_\_\_\_

Amount of employee contributions since January 1 of current calendar year: \$ \_\_\_\_\_

**Long Term Disability Coverage (LTD)**

Date participation began \_\_\_\_\_ Date participation ended \_\_\_\_\_

LTD benefit period \_\_\_\_\_

\_\_\_\_\_  
Prior Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Prior Employer Phone Number

**\*Please return completed form to:  
(FOR AN LTD WAIVER,  
THIS FORM MUST BE  
RETURNED TO HRM-BENEFITS  
WITHIN 30 DAYS FROM HIRE DATE)**

**Erika White  
Northeastern University  
716 Columbus Avenue, Suite 250  
Boston, MA 02120 or  
FAX to 617-373-7610 (Ph: 617-373-5378)**