

#### ATTENTION: IMPORTANT NOTICE FOR EMPLOYEES EFFECTIVE JANUARY 1, 2018

Effective January 1, 2018, newly hired employees have six months from appointment date to submit prior service credit forms. For employees with appointments prior to January 1, 2018, employees will have until September 30, 2018, to submit prior service credit forms. All summer appointments can submit after the six month deadline, but will only get contributions on current summer appointment going forward.

### REQUEST FOR RETIREMENT SERVICE CREDIT BASED ON PRIOR EMPLOYMENT

Check only one box:	PART I (Employee	edited College/Universi e to complete all in	<u> </u>	Samuel 11
Name:		•		Date:
		City:State:Zip Code:		
Former Employer (Name, Address, City, State, Zip)	Contact (Bus. / Pers. Office)		Number Area Code)	Employment Date (MM/DD/YY)
	I hereby certify that I was	previously employed	by:	
] An accredited college or univ	versity in the United States,	, including the State U	niversity of New Yorl	cor
] A private, nonprofit research Code, whose <i>primary function</i> of	_		tion 501 (c)(3) of the I	nternal Revenue
hereby authorize my former en			. Rasaarch Foundatio	n as requested in Dart II $\alpha$
orm.	ipioyer to retease employm	eni injornation to the	: кеѕеагси Гоинаано	n as requesiea in 1 ari 11 oj
Signature of Employee:		Date:		
P	ART II (Former Emp	loyer to complete a	all information)	
		is an	employer defined as	follows: (check one)
· ·	OF INSTITUTION)		1 7	
[ ] An accredited college or un	niversity, including SUNY	in the United States.		
[ ] Private, nonprofit Research	•			
	United States under Section		ernal Revenue Code.	
[ ] the <i>primary</i> function	on of this organization is re-	search.		
Indicate period(s) of time in and reappointment date(s).				
NAME OF EMPLOYER	STUDENT	JOB TITLE	DATES OF	FTE
	(Y/N)		SERVICE	
		I	I	
I,(	print name) do hereby atte	st that this informatio	n is true, accurate, an	d complete to the best
of my knowledge. I understar result in this form becoming				
this organization in a <b>nonstuc</b>				was employed by
Authorized Signature:		(Print Na	nme/Title):	
Phone No/Email Address:			L	Oate:



## RETIREMENT PLAN INFORMATION AND INSTRUCTIONS FOR COMPLETING THE PRIOR SERVICE CREDIT FORM

# TO: NEWLY HIRED OR REHIRED RESEARCH FOUNDATION EMPLOYEES

Under certain circumstances, the Research Foundation recognizes employment with other organizations in meeting service requirements for participation and vesting in its basic retirement plan.

Effective January 1, 2018, newly hired employees have six months from appointment date to submit prior service credit forms. For employees with appointments prior to January 1, 2018, current employees will have until September 30, 2018, to submit the prior service credit form. All summer appointments can submit after the six month deadline, but will only get contributions on current summer appointment going forward.

Please review the information below to determine whether you should seek retirement plan credit for service with an employer other than the Research Foundation.

#### **Retirement Plan Service Credit**

Continuous, non-student employment with an eligible employer, **immediately preceding** and **within one year** of your RF appointment will be considered for qualified service credit. In order to be qualified service, your employment must have been with:

- An accredited college or university in the United States, including State University of New York or;
- A private, nonprofit research organization incorporated in the U.S. under section 501(c)(3) of the Internal Revenue Code. And the *primary* function of the organization must be research.

For Research Foundation (RF) appointments on or after April 1, 2000, SUNY employment immediately preceding RF employment shall be disregarded if it disadvantages an employee with earlier nonSUNY qualified service, which also has ended within the twelve-month period preceding RF employment.

### In order to establish this credit:

**To apply for SUNY credit:** complete Part 1 (on the attached form) and return it to the office responsible for SUNY benefits administration at the operating location where you are employed.

**For all other institutions:** please complete Part 1 (on the attached form) and forward to your former employer. For Part II, once complete, please return form by mail or email at the address below.

Please return completed form to				
Name: The Research Foundation for SUNY	Email Address: Benefits@rfsuny.org			
Address: P.O Box 9 Albany NY, 12201	Phone Number: (518) 434-7101			