

**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:     *SUNY*                       *Accredited College/University*                       *Research Organization*

**PART I (Employee to complete all information)**

Name: \_\_\_\_\_ Social Security/Employee ID #: \_\_\_\_\_ RF Appt Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Former Employer (Name, Address, City, State, Zip)	Contact (Bus. / Pers. Office)	Phone Number (Include Area Code)	Employment Date (MM/DD/YY)

I hereby certify that I was previously employed by:

- An accredited college or university in the United States, including the 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, whose *primary function* of the organization was research.

*I hereby authorize my former employer to release employment information to the Research Foundation as requested in Part II of this form.*

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II (Former Employer to complete all information)**

\_\_\_\_\_ is an employer defined as follows: (*check one*)  
 (NAME OF INSTITUTION)

- An accredited college or university, including SUNY in the United States.  
 Private, nonprofit Research Organization (*check all that apply*):  
 incorporated in the United States under Section 501(c)(3) of the Internal Revenue Code.  
 the *primary function* of this organization is research.

*Indicate period(s) of time in which there were changes in hours or percent(s) of time worked, termination date(s), and reappointment date(s). If hourly paid, indicate the number of hours per week in the FTE column.*

NAME OF EMPLOYER	STUDENT (Y/N)	JOB TITLE	DATES OF SERVICE	FTE

I, \_\_\_\_\_ (print name) do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact would automatically result in this form becoming void. I further certify that the individual named in Part I of this form was employed by this organization in a **nonstudent capacity**, during the periods indicated in the box above.

Authorized Signature: \_\_\_\_\_ (Print Name/Title): \_\_\_\_\_  
 Phone No/Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

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*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](mailto:Benefits@rfsuny.org)

Address: P.O Box 9 Albany NY, 12201 Phone Number: (518) 434-7101