



AMHERST COLLEGE  
Office of Human Resources

**Proof of Eligibility**  
**403 (b) Defined Contribution Retirement Plan**

To: Human Resources / Benefits Representative

Employment verification of a former employee is requested to determine eligibility for the 403 (b) Defined Contribution Plan at Amherst College.

In order to waive the two-year waiting period for the plan participation, the newly hired faculty/staff member listed below must have

- 1. previously worked in a benefits-eligible position (excluding work incidental to the employee's education) at your educational institution.

**OR**

- 2. previously worked in a benefits-eligible position and participated in your 401(a), 401(k), 403(b) or 408(k) plan.

Kindly verify/correct the following employment data. Thank you for your assistance!

I hereby certify that:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Last four of SSN

was a benefits-eligible employee of:  
\_\_\_\_\_  
Name of Educational Institution  
from:                      to:  
\_\_\_\_\_  
mm/dd/yy                      mm/dd/yy

**OR**

was a benefits-eligible employee of:  
\_\_\_\_\_  
Name of Business  
from:                      to:  
\_\_\_\_\_  
mm/dd/yy                      mm/dd/yy  
and participated in a: \_\_\_\_\_  
401(a), 401(k), 403(b) or 408(k)  
from:                      to:  
\_\_\_\_\_  
mm/dd/yy                      mm/dd/yy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Institution or Business

\_\_\_\_\_  
Phone Number