



Certification of Service

Dear Human Resources Representative:

The individual listed below is a former employee of your institution. By signing below, he/she is authorizing you to provide the requested information. The data you provide will be used solely to determine eligibility for the University of Hartford's 403(b) Defined Contribution Retirement Plan.

EMPLOYEE AUTHORIZATION

Name: _____ SSN: _____

I authorize my former employer to supply the University of Hartford with the information requested below.

Signed: _____ Date: _____

EMPLOYER VERIFICATION

The individual listed above was employed by _____,
(Name of Institution)
which is an organization eligible to maintain a 403(b) plan.

Employment was from: _____ to _____.

Employment at this institution was:

- Full-time
- Part-time – total hours worked in the previous 12 months: _____.

Verified By (Print Name): _____

Signature: _____

Title: _____

Institution: _____

Date: _____

Please remit this form via mail or fax to the number listed above.