



## RETIREMENT VERIFICATION FORM

(To be completed only if employee is eligible for immediate entry into the Kansas Board of Regents Mandatory Retirement Plan)

K.S.A. 74-4925 requires that the following information be verified by the appropriate institutional officer before a new employee with the Kansas Board of Regents may waive the required one-year waiting period and begin immediate participation in the Kansas Board of Regents Retirement Program. It is the responsibility of the prospective employee to provide acceptable documentation to the Benefits Office within ninety (90) calendar days from the effective date of appointment in order to waive the one-year waiting period. **NOTE: For Verification Forms received within 90 days of the appointment, contributions will begin no earlier than the first day of the pay period in which the form is received. If this Retirement Verification Form and the Retirement Data Form are not received timely by the Benefits Office, you will serve the one-year waiting period before you will be eligible to participate in the Mandatory Retirement Plan.**

I hereby certify that \_\_\_\_\_ (Name) \_\_\_\_\_ (SSN) has been a contributing member of the \_\_\_\_\_ retirement program from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date).

Participation must be in a retirement program resulting from employment with an institution of higher education located in the United States *to which employer contributions have been made for one year (365 days) within the five year period immediately preceding employment with KU OR in a State of Kansas mandatory retirement plan (other than the KBOR plan) in which you served at least one year (365 days) within the five year period immediately preceding employment with KU.*

Kansas Board of Regents Universities: Was the employee a participant in the Kansas Board of Regents Mandatory Retirement Plan prior to 01/01/96? \_\_\_ Yes \_\_\_ No

Signature \_\_\_\_\_ Institution \_\_\_\_\_  
Printed Name \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_. My commission expires \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Notary Public

*This form must be completed and returned the Benefits Office, University of Kansas, Rm 150 Carruth, 1246 W Campus Road, Lawrence, KS 66045-7505 as soon as possible or faxed to (785) 864-5200. 06/19*