

KBOR UNCLASSIFIED RETIREMENT DATA

Faculty and unclassified academic and professional staff at the University of Kansas are required to participate in a retirement plan after a one-year waiting period. Participation in the basic retirement plan is **mandatory** when an employee becomes eligible to participate and is a condition of employment. The one-year waiting period will be *waived* if:

1. you were covered, as a result of employment with an institution of higher education located in the United States, by a retirement plan or program to which employer contributions were made for at least one year (365 days) within the five year period immediately preceding employment with KU, or
2. you served at least one year (365 days) in a position covered by any other State of Kansas retirement plan (KPERs or mandatory deferred compensation) within the five year period immediately preceding employment with KU.

No employment as a (i) student, (ii) seasonal or temporary employee, or (iii) employee who works less than half-time per year shall count toward the satisfaction of the one-year waiting period requirement.

For the waiting period to be waived, the [Retirement Verification Form](#) must be completed by the institution where the contributions were credited. It is your responsibility to send the Verification Form to your previous employer and to ensure that your previous employer has returned the form to the Benefits Office. If you are eligible for immediate participation, please refer to enrollment information found on the [the Human Resources website](#). If this Retirement Data Form and the Retirement Verification Form are not received within 90 days, by the Benefits Office, you will serve the one-year waiting period before you will be eligible to participate in the Mandatory Retirement Plan.

List employment history beginning with your most recent non-student service in which you have had a retirement plan with employer contributions.

	EMPLOYER	Your Position	Employment Dates	
			From	To
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- Are you a direct transfer from another State of Kansas agency? ___ Yes ___ No
- Have you received employer retirement plan contributions for at least one year (365 days) at an institution of higher education? ___ Yes ___ No
- Were you a participant in the Kansas Board of Regents Mandatory Retirement Plan prior to 01/01/96? ___ Yes ___ No
- Have you been a contributing member of KPERs over the past five years? ___ Yes ___ No
- Are you a current KPERs retiree? ___ Yes ___ No

I hereby certify that I have read and understand the above, and all the information given herein is accurate and to the best of my knowledge.

 Signature _____ Social Security Number _____ Date

Benefits Use Only

Hire Date: _____ Code: _____ Eligibility Date: _____ Copy to HR: _____