



**Service Credit at other College or University
or other 501(c)3 non-profit**

To be completed by Bentley employee:

After completing this section, the Bentley employee should forward this entire form to their prior employer's Human Resources Department for completion. Once completed, it should be returned via e-mail to sanderson@bentley.edu or GA_Benefits@bentley.edu.

Employee Name: _____

Bentley ID# _____

Campus Address: _____

Employee Date of Hire: _____

Employee Signature _____
(Date)

To be completed by prior employer: (Human Resources Representative)

Your former employee, as noted above, has recently become an employee of Bentley. In order to determine his/her eligibility for our retirement plan, please provide the following benefits information:

Prior Employer Name: _____

Prior Employer Address: _____

Full-time: ____ Part time: ____ # hours/week ____ Benefits Eligible: Yes No (please circle)

Job Title: _____

Hire Date: _____

Termination Date: _____

If not an institute of higher learning, does your organization satisfy the requirements of code section 501(c)(3)? Yes No

Additional information:

Name of Person completing this form: _____
(Please Print)

Title: _____

Phone Number: _____ Email: _____

Signature: _____
(Date)

Please return completed form to: Shauna Anderson at sanderson@bentley.edu or GA_Benefits@bentley.edu.