



**RECORD OF PRIOR SERVICE
FOR BASIC RETIREMENT 401(a)
PLAN PARTICIPATION**

Name _____		University ID Number _____	
Last	First	MI	
Campus _____	Campus Address _____	Zip Code _____	
Campus Phone _____	Email Address _____		

Employees who satisfy the eligibility requirements except for the two-year service provision **are required to enroll** in the Basic Retirement 401(a) Plan if proof of qualifying service with a prior employer whose primary purpose or activity provided a formalized program of education is submitted. Generally, service earned in any type of position including full-time, part-time, or temporary employment should be considered towards the prior service credit. **Employees who have qualifying prior service must complete the applicable section(s) below in order for the prior service to be considered for participation in the Basic Retirement 401(a) Plan.** Please complete the information below with the month/year employment began and the month/year employment ended.

Employment at the University of Nebraska

Campus	Types of Service (Check all that apply)	Dates of Employment (Start Date – End Date)	Years of Service (For Benefits Staff Use Only)
_____ UNL	___ Regular Full-time	_____	_____
_____ UNMC	___ Regular Part-time	_____	_____
_____ UNO	___ Temporary Full-time	_____	_____
_____ UNK	___ Temporary Part-time	_____	_____
_____ UNCA	___ Graduate Worker	_____	_____
	___ Undergraduate	_____	_____
	___ Student Worker	_____	_____
	___ On-Call	_____	_____

Other Employment

Name of School	Types of Service (Check all that apply)	Dates of Employment (Start Date – End Date)	Years of Service (For Benefits Staff Use Only)
_____	___ Regular Full-time	_____	_____
_____	___ Regular Part-time	_____	_____
_____	___ Temporary Full-time	_____	_____
City _____ State _____	___ Temporary Part-time	_____	_____
	___ Graduate Worker	_____	_____
	___ Undergraduate	_____	_____
	___ Student Worker	_____	_____
	___ On-Call	_____	_____

Name of School	Types of Service (Check all that apply)	Dates of Employment (Start Date – End Date)	Years of Service (For Benefits Staff Use Only)
_____	___ Regular Full-time	_____	_____
_____	___ Regular Part-time	_____	_____
_____	___ Temporary Full-time	_____	_____
City _____ State _____	___ Temporary Part-time	_____	_____
	___ Graduate Worker	_____	_____
	___ Undergraduate	_____	_____
	___ Student Worker	_____	_____
	___ On-Call	_____	_____

Employee Signature _____
Date