

ICAA RETIREMENT DATA

ICAA staff at Wichita State University 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 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 Wichita State University. In addition, if you were in a position eligible for benefits under any mandatory State of Kansas retirement plan with respect to which your participation was mandatory and you became part of that plan, all service while in that position will be credited toward the one year of service requirement.

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 Documentation of Service (must be completed by the institution where the contributions were credited). If this Retirement Data Form and the Documentation of Services forms are not received by the Benefits Office within 90 days after the date of appointment, 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 served as an eligible ICAA employee and/or had a retirement plan with employer contributions.

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

Have you received employer retirement plan contributions at an institution of higher education for at least one year (365 days) within the five-year period immediately preceding employment at Wichita State University? ___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

Printed Name

Benefits Use Only

WSU ID: _____ Hire Date: _____