

Research Foundation for Mental Hygiene, Inc.  
 Request for Retirement Credit Based on Prior Service  
 (see reverse for instructions)

<b>Part I Request for Research Foundation Retirement Plan Service Credit</b> <i>(to be completed by the employee)</i>	
Employee Name:	Social Security Number:
Address:	RFMH Appointment Date:
City:	State/ZIP:

I have read the eligibility information on the reverse side of this form, and ask that the Research Foundation recognize my eligible service with the employer named below in establishing my participation and vesting in its retirement plan. I hereby authorize my former employer to release to the Research Foundation for Mental Hygiene, Inc. information requested in Part II of this form concerning my employment during the period indicated.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Former Employer:	Employment Period:
Address:	
City:	State/ZIP:

<b>Part II Verification of Employment</b> <i>(to be completed by the former employer)</i>
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I certify that \_\_\_\_\_ is an employer of the type indicated below:  
*(Name of Institution)*

- \_\_\_\_\_ New York State Department of Mental Hygiene or one of its component agencies. The New York State of Alcoholism and Substance Abuse Services, New York State Department of Mental health or the New York State Office for People with Developmental Disabilities
- \_\_\_\_\_ An accredited college or university in the United States
- \_\_\_\_\_ A private nonprofit research institution organized as a 501(c)(3) Corp. in the United States

I further certify that the individual named in this form was employed by this organization in a non-student capacity during the period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. During this period, he/she worked \_\_\_\_\_ hours per year, or if a faculty member, was considered \_\_\_\_\_% of time, except as noted below.

Indicate (1) any period(s) of time in which there were changed hours or percent of effort worked; (2) termination date(s); or (3) reappointment date(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Authorized Official: <i>(please print or type)</i>	Telephone Number:
Title:	Email Address:
Signature:	Date:

<b>Please return this form to: <i>(to be completed by the local RFMH Human Resource Office)</i></b>	
RFMH Personnel Office at:	
Address:	City/State/ZIP

**Research Foundation for Mental Hygiene, Inc.**  
**Riverview Center**  
**150 Broadway Ste 301**  
**Menands, New York 12204**  
**Phone: (518) 474-5661**  
**Fax: (518) 474-5995**

**Robert E. Burke, CPA**  
**Managing Director**

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**Retirement Plan Information**

Research Foundation for Mental Hygiene, Inc. (RFMH) employees must complete one year of service with at least 975 (37.5 hour work week) or 1,000 (40 hour work week) hours before they become eligible to participate in the RFMH retirement plan.

After participation begins, contributions will be made to a non-vested retirement account with Teacher's Insurance and Annuity (TIAA/CREF) on the employee's behalf. After 3 years of qualified service with RFMH, the employee gains a vested right to these contributions. In order to receive a year of service credit, the employee must complete the 975 or 1,000 hours each year to continue eligibility for participation. Years of service with less than 975 or 1,000 hours will not count toward the vesting date.

Under certain circumstances the Foundation recognizes employment with other organizations in meeting service requirements for participation and vesting in its retirement program. Please review the information below to determine whether you should seek retirement plan credit with an employer other than the Research Foundation.

If your last employer was an organization of the type listed below, you may be eligible for retirement plan credit based on *non-student* employment with that employer. This employment must have been ***immediately prior*** to your RFMH appointment and ***within one year*** of this appointment.

- ❖ New York State Department of Mental Hygiene or any of its component agencies -New York State Office of Alcoholism and Substance Abuse Services, New York State Department of Mental Health or the New York State Office for People with Developmental Disabilities
- ❖ An accredited college or university in the United States
- ❖ Any non-profit research organization incorporated as a 501(c)(3) organization in the United States.

In order to establish this credit, you must complete *Part I* of the form on the reverse side and forward the form to your former employer.

Please refer to the Summary Plan Description for the Defined Contribution Retirement Plan located on our website for additional details. If you have questions concerning the retirement plan, please contact your local Human Resource office.