



## Boston College Retirement Plan Waiver of Participation

Benefits Office  
Brighton Campus  
140 Commonwealth Ave  
Chestnut Hill, MA 02467  
617-552-3329

This is to confirm that I have received notification from the Benefits Office informing me of my eligibility to enroll in the Boston College 401(k) Retirement Plan, and to confirm that I do not wish to participate in the plan at this time.

I realize that I may choose to enroll in the 401(k) Plan at any time in the future (assuming I am still a benefits-eligible employee) by contacting the Benefits Office to obtain the necessary application forms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Eagle ID: \_\_\_\_\_

(1<sup>st</sup> 8 digits on ID card)

Date: \_\_\_\_\_

***This form should only be completed and mailed to the Benefits Office if you are sure you wish to waive or postpone your participation in the Boston College Retirement Plan at this time.***

**Note: We urge you not to postpone your enrollment since you would be forfeiting an 8% contribution by Boston College (effectively a 400% return on your required 2% contribution).**