EMPLOYER CERTIFICATION OF BASIC GROUP LIFE INSURANCE COVERAGE UNDER THE WORKFORCE TRANSITION ACT

VIRGINIA RETIREMENT SYSTEM
Beneficiary Payment Services
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1. Employer Code
2. Employer Name

To be completed by employers for employees who meet the following three conditions:

- Involuntarily separated under the provisions of the Workforce Transition Act (WTA),
- Covered under the Basic Group Life Insurance Program at time of separation, and
- Electing the severance payments instead of converting the benefit to WTA age/service credit for purposes of Virginia Retirement System (VRS) retirement.

Employees who are involuntarily separated and elect to receive severance payments continue to have basic life insurance coverage for up to 12 months. The effective date is the first of the month following the date of separation.

Involuntarily separated employees who do not meet minimum age and service requirements for retirement at the time of separation are eligible to convert basic group life coverage to an individual policy. Employees must complete this conversion within 31 days following the earlier of 1) the end of the month in which the 12 months of continued coverage expires or 2) the date severance benefits end.

Employers must report the employee to VRS on a leave without pay (LWOP) status for the duration of the leave without pay layoff period.

PART A. EMPLOYEE INFORMATION

3. Name (First) (MI) (Last)	
4. Social Security Number	**5. Effective Date of Involuntary Separation** (mm/dd/yyyy)
6. Last Annual Salary (Used to calculate basic group life insurance amount.) **$** _____	

PART B. EMPLOYER CERTIFICATION

Employer Mailing Address	
Human Resources Authorization _____ Signature _____ _____ Phone Number Date	**Payroll Authorization** _____ Signature _____ _____ Phone Number Date