

# REQUEST FOR MEMBER INFORMATION CHANGE

VIRGINIA RETIREMENT SYSTEM  
P.O. Box 2500  
Richmond, Virginia 23218-2500  
Toll Free 1-888-VARETIR (827-3847)  
Fax 804-692-0989  
[www.varetire.org](http://www.varetire.org)

1. Social Security Number
2. Employer Code
3. Employer Name

Employers (except state employers) complete this form to identify coverage changes for members with enhanced benefits who became disabled and accepted a non-hazardous position and for certain members who are provided Plan 1 age and service provisions. All other member information and coverage changes are submitted through VRS' online application, myVRS Navigator.

This form must be submitted to VRS prior to the monthly report on which the change is first reported.

## PART A. MEMBER INFORMATION

4. Name (First, MI, Last)
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## PART B. COVERAGE CHANGES

<b>ADD Coverage</b> The employee is eligible for coverage: (Check one) <input type="checkbox"/> VRS with Enhanced Benefits for disabled employee moving to non-hazardous position (2012 Legislation, available to non-state employees only) <input type="checkbox"/> VRS Plan 2 Firefighter, EMT or law enforcement officer with a political subdivision which has elected to provide VRS Plan 1 age and service provisions Effective date: _____ (mm/yyyy)	<b>DROP Coverage</b> (Not for members terminating employment.) The employee is no longer eligible for coverage: (Check one) <input type="checkbox"/> VRS with Enhanced Benefits for disabled employee moving to non-hazardous position (2012 Legislation, available to non-state employees only) <input type="checkbox"/> VRS Plan 2 Firefighter, EMT or law enforcement officer with a political subdivision which has elected to provide VRS Plan 1 age and service provisions Effective date: _____ (mm/yyyy)
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## PART C. CERTIFICATION

It is the employer's responsibility to make the member identified on the form aware of the changes that are being reported to VRS. **Note:** The member's signature is required when dropping enhanced benefits for the member who became disabled and accepted a non-hazardous position.

We certify the change stated above is correct and that the member is aware of the changes being reported to VRS.	
_____ Authorized Employer Signature	_____ Date
_____ Member Signature	_____ Date

