

MONTHLY CONTRIBUTION WORKSHEET

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

1. Employer Code
2. Employer Name
3. Reporting Period

Are you reporting changes from the previous month's VRS-1500? Yes No

PART A. CURRENT MONTH

	RETIREMENT		GROUP LIFE INSURANCE		HEALTH INS. CREDIT		VSDP (State Only)	
	Creditable Compensation		Base Pay		Creditable Compensation		Creditable Compensation	
4. Prior Month Totals	\$		\$				\$	
5. Net Changes (+/-)	\$		\$				\$	
6. Current Month Totals (Total 4 and 5)	\$		\$				\$	
7. Contributions (Rate and Amount)	Rate *	\$	Rate **	\$	Rate **	\$	Rate **	\$
8. Buybacks	Buyback							
9. Current Dollars Due (Total Items 7 and 8)	\$		\$		\$		\$	

* Retirement Rate = 5% + Employer % ** Rate = Employee % + Employer %

If no adjustments to the amounts in Part A are needed, enter the totals above on the Remittance Advice (VRS-51) and remit with separate checks for Retirement, Group Life, and Health Insurance Credit, and VSDP (if required) to the appropriate lock box address. **If these totals require adjustment, complete Part B.**

PART B. ADJUSTING ENTRIES – VRS-1501 Control No: _____

	RETIREMENT		GROUP LIFE INSURANCE		HEALTH INS. CREDIT		VSDP (State Only)	
10. Grand Totals from the Recap on the VRS-1501	\$		\$		\$		\$	
11. Adjustments to Check	\$		\$		\$		\$	
12. Check Totals (Item 9 plus Items 10-11)	\$		\$		\$		\$	

VRS Use Only Init _____	Submitted By	Signature	Phone No.
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