

EMPLOYER CERTIFICATION OF AUTHORITY

VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500
Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
www.varetire.org

1. Date
2. Employer Code

3. GENERAL INFORMATION Check here to indicate employer address has changed.

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Main Phone: _____ Web Address: _____

4. PRIMARY ADMINISTRATIVE CONTACT Action: Add/Replace Update

Name: _____ SSN: _____
Title: _____ Employment Status: Full-Time Non-VRS
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail Address: _____

Uses *myVRS* for Employers? Yes No If Yes and "Non-VRS" is checked, enter birth date: _____

I certify that I am the administrative contact named above and that I have the authority to designate the staff of this agency to be Virginia Retirement System (VRS) contacts and authorize such staff to access VRS records of the agency's employees, including online access to VRS information. I recognize that VRS is authorized to provide this information pursuant to Virginia Code § 2.2-3803(C), and I agree to take full responsibility for any use of this information that violates Virginia or federal law, including without limitation the Virginia Government Data Collection and Dissemination Practices Act.

Signature _____ Date _____

5. SECONDARY ADMINISTRATIVE CONTACT (Optional) Action: Add/Replace Update Delete

Name: _____ SSN: _____
Title: _____ Employment Status: Full-Time Non-VRS
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-Mail Address: _____

Uses *myVRS* for Employers? Yes No If Yes and "Non-VRS" is checked, enter birth date: _____

I certify that I am the administrative contact named above and that I have the authority to designate the staff of this agency to be Virginia Retirement System (VRS) contacts and authorize such staff to access VRS records of the agency's employees, including online access to VRS information. I recognize that VRS is authorized to provide this information pursuant to Virginia Code § 2.2-3803(C), and I agree to take full responsibility for any use of this information that violates Virginia or federal law, including without limitation the Virginia Government Data Collection and Dissemination Practices Act.

Signature _____ Date _____

COMPLETING THE EMPLOYER CERTIFICATION OF AUTHORITY

Complete this form to provide VRS the names of those in administrative authority positions for the employer code listed in Box 2. VRS allows only the individual(s) certified on this form to sign the Authorization of Employer Contacts (VRS-67) which designates contacts who may access confidential VRS member information. Each employer is responsible for promptly notifying VRS of any changes to administrative authority by submitting this form. This certification is required for security purposes, and to ensure compliance with the Virginia Government Data Collection and Dissemination Practices Act.

This form may also be used to report a change to the employer's main address.

Box 3: Provide general employer information (name, physical address and phone number, and the agency's web address).

Box 4: Enter the requested information about the primary administrative authority.

Use these guidelines to determine the primary administrative authority contact for VRS purposes:

- Must be in position to make high-level decisions regarding oversight of the agency/employer.
- Must not be directly supervising the daily human resources operations.
- Should be employed in a position covered by VRS

VRS will accept employees with the following titles as primary administrative authority:

School Boards: School Superintendent

State Agency: Executive Director, Director, Deputy Director, Commissioner, Chief Operating Officer, Chief Financial Officer, Clerk of the Senate/House of Delegates, Lt. Governor, Adjutant General, Auditor of Public Accounts, CIO (VITA only), Atty. General, State Treasurer, Superintendent, Tax Commissioner, Secretary of Transportation, State Librarian, President of College or University, Chancellor, State Forester

County/City: Mayor, City Manager, County Administrator, County Executive, Superintendent, Director of Budget/Finance, Executive Director

Commissions/Authorities: Executive Officer, Chief Financial Officer, Director of Finance

Box 5: Enter information about a secondary administrative authority contact who may sign the VRS-67 to designate contacts to access VRS member information. A secondary contact is optional.

In addition to personal information about the contact, make the appropriate selections:

Action: Choose Add/Replace to add a contact or replace an existing contact. Choose Update to change information about a contact that was previously identified. Choose Delete to remove a secondary contact.

Employment Status: Choose Full-Time if the person is reported to VRS on the monthly payroll reports. Choose Non-VRS if the person is in a contract/wage or non-classified position and currently is not reported to VRS on the monthly payroll.

Uses myVRS for Employers: Choose Yes, if the person will use myVRS for Employers to assist employees.

Note: Submit only a signed, original form. Fax copies cannot be accepted.