

EMPLOYER CERTIFICATION OF INVOLUNTARY SEPARATION UNDER THE WORKFORCE TRANSITION ACT

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

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

The Code of Virginia establishes eligibility for severance benefits under the Workforce Transition Act (WTA) for certain state employees who are involuntarily separated. To be eligible, the member must be vested, age 50 or older, and a full-time employee who was involuntarily separated.

The following employees are *not* eligible: employees terminated for job performance or cause, members of JRS, officers elected by popular vote, and employees whose positions are grant funded unless the funding source agrees to assume all financial responsibility.

This form is completed by the employer at the time of the involuntary separation if the employee elects enhanced VRS retirement rather than severance payments. **Submit this form to VRS along with the Application for Service Retirement (VRS-5).** The agency head or Human Resources officer must complete the Employer's Certification. This form will be retained with the member's VRS records and processed with the retirement application for an immediate retirement. Any future employment in a covered position with a VRS-participating employer will nullify the benefits provided by the WTA.

Please print or type

PART A. EMPLOYEE INFORMATION

4. Name	(First)	(MI)	(Last)	(Jr./Sr.)
5. Position Terminated		6. Date of Involuntary Separation		

PART B. EMPLOYER CERTIFICATION

I hereby certify the following: <ul style="list-style-type: none"> This employee has been involuntarily separated and is eligible in accordance with the <u>Code of Virginia</u> for benefits provided under the WTA. The separation is not related to job performance or misconduct of the employee. The WTA credit is accurate. I further understand that the agency must transfer, within 12 months, an amount equal to 15 percent of the employee's salary for each year of WTA credit; or if the member returns to covered employment within 12 months, the agency must transfer the lesser of 15 percent of the employee's salary for each year of WTA credit or the amount of retirement benefits received by the member.	
7. Employer's Signature	Date
8. Title	9. Phone Number

Complete the worksheet on the next page *before* submitting both the form and the worksheet to VRS.



INVOLUNTARY RETIREMENT EMPLOYER'S RETIREMENT CREDIT WORKSHEET

1. Employee Name	2. Date of Retirement	3. Social Security Number
-------------------------	------------------------------	----------------------------------

4. Annual Salary (Base full-time pay at time of separation/reportable to VRS) \$ _____	5. Weekly Salary (The employee's base full-time annual salary not including any additional salary the employee may receive for additional wage or part-time employment divided by 52.) \$ _____
--	---

6. Determine Value of Enhanced Retirement Credits

Years of Consecutive State Service (Based on separation date, rounded up) _____

2 years or less 4 weeks pay: 4 x \$ _____ = \$ _____
(weekly rate)

or 3 - 9 years 4 weeks pay: 4 x \$ _____ = \$ _____
(weekly rate)

+ 1 week pay for every year over 2
weeks: _____ x \$ _____ = \$ _____ = \$ _____
(weekly rate)

or 10 - 14 years 12 weeks pay: 12 x \$ _____ = \$ _____
(weekly rate)

+ 2 weeks pay for every year over 9
weeks: _____ x \$ _____ = \$ _____ = \$ _____
(weekly rate)

or 15 years or more 2 weeks pay for every year, not to exceed payment of 36 weeks
weeks: _____ x 2 = _____ x \$ _____ = \$ _____
(weekly rate)

Employer Portion of Health Insurance Premiums (12 months) Credit

Note: Only applies if covered under a DHRM administered health insurance plan. The full state premium prior to the application of the Employee Premium Increase Credit (EPIC) should be used. Do not use the employee portion of the premium. Use appropriate coverage rates to determine 12 months of coverage from date of separation.

Formula: 12 x \$ _____ (current monthly premium) = \$ _____
(Health Insurance Credit)

Life Insurance Premiums (12 months) Credit

Note: The life insurance premium rate must be included in the WTA retirement credit calculation to determine the value of the life insurance benefit even if a premium holiday is in effect and no premiums are being paid. Use the premium rate that would be in effect had there not been a premium holiday.

Formula: Premium rate _____ x \$ _____ (annual salary) = \$ _____
(Premium represents employer and employee rate) (Life Insurance Credit)

TOTAL \$ _____ **(1)**

15% of Annual Salary (from above)

Formula: .15 x \$ _____ (annual salary) = \$ _____ **(2)**

Divide (1) by (2) to equal # of years to be credited to years of service and/or age (rounded up to the next higher year)

Formula: \$ _____ (1) ÷ \$ _____ (2) = _____ (years) **YEARS CREDIT:** _____ **(3)**
(rounded up)

7. Total Employer Cost to Be Paid to VRS: Years Credit: _____ (3) x \$ _____ (2) = \$ _____
(from above) (from above)

NOTE: If the employee's age is younger than 55 after the above credit is added, a minimum of 10 years of service is required to retire under the 50/10 retirement plan.

8. Employer's Signature	Date	9. Phone Number
--------------------------------	-------------	------------------------

