

NEW MEMBER ENROLLMENT

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

Complete all fields for each member listed on the form. Choose the Special Coverage Code, if it applies, from the list below. Please type or print clearly.

SSN	First Name	MI	Last Name and Suffix	Gender	Birth Date	Retirement Hire/Join Date	Group Life Hire/Join Date	Special Coverage Code
111-11-1111	John	A	Smith, Jr.	M/F	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	

Special Coverage Codes:

S – Sheriff	F – Firefighter/EMT	FERS – VPI & VSU only	C – Constitutional Officer
SS – Social Services Employee	L – VRS with Enhanced Benefits for Hazardous Duty Positions	ORP – Optional Retirement Plan (requires election form)	O – Employee of Constitutional Officer
			R – General Registrar
			E – Employee of General Registrar

Authorization: I certify that I believe the statements made herein are true and accurate as disclosed by the records of this office, and that the social security numbers are correct as entered.

Authorized Signer (Please print) _____ Phone Number _____

Authorized Signature _____ Date _____

Page _____ of _____

VRS Use Only

Date Keyed _____

Initials _____

