

# 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

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<b>VRS Use Only</b>
Date Keyed _____
Initials _____

