

# AUTHORIZATION FOR AFTER-TAX PAYROLL DEDUCTION TO PURCHASE SERVICE CREDIT

**VIRGINIA RETIREMENT SYSTEM**  
**P.O. Box 2500**  
**Richmond, Virginia 23218-2500**  
**Toll Free 1-888-VARETIR (827-3847)**  
**Fax 804/786-9718**  
**www.varetire.org**

1. Social Security Number
2. Daytime Phone Number
3. Employer Code

Complete this form to authorize an after-tax purchase of service credit through payroll deduction. After you and your employer have completed the form, submit the original document to VRS with a copy of your cost letter. Retain a copy of this agreement and the cost letter for your records and forward copies to your Payroll department.

If you do not complete this contract before you terminate employment with your employer, you may purchase any of the remaining months in a lump sum before your termination date. If you change employers and wish to continue payroll deductions, you must complete a new Authorization for After-Tax Payroll Deduction to Purchase Service Credit (VRS-26C) with your new employer. **Plan 2 Members:** Your cost may change if you change employers or as you purchase different types of service which must be purchased at different rates.

## PART A. MEMBER INFORMATION

4. Name (First)	(MI)	(Last)	(Jr./Sr.)
5. Address (Street)		(City)	(State) (Zip+4)
6. Number of eligible months to be purchased (from Cost Letter)		7. Rate at which service will be purchased	
8. Date to begin deduction			
_____/01/_____ (mm) (yyyy)			

## PART B. EMPLOYER ACCEPTANCE

I understand that VRS can only accept the appropriate cost based on the plan provisions under which the employee is covered. I also understand that VRS will charge the employer any additional amount due if less than the correct amount is reported. I have verified the employee is eligible to purchase the months show above at the rate listed. In addition, I have verified the rate corresponds to the most recent period of service to purchase as shown on the cost letter.

Human Resources Name (Please Print)	Date	Payroll Officer Name (Please print)	Date
Human Resources Signature	Phone	Payroll Officer Signature	Phone
Member Signature	Date		

**Reminder:** Submit a copy of the cost letter to VRS with this authorization.