CHANGE TO CERTIFICATION FOR RETIREMENT

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

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

Important: Complete this form *in its entirety* when a change to an original retirement application is required.

4. Name (First, Middle Initial, Last)

5. Type of Retirement (Choose one) ❑ Service ❑ Disability

6. Revised Retirement Application Data

a. Effective date of retirement has changed to (mm/dd/yyyy): _____

b. Last month the member's creditable compensation will be reported to VRS (mm/yyyy): _____

c. Last monthly creditable compensation amount to be reported to VRS for retirement: $ _____
NOTE: For educational employees, break down the amount to show the regular monthly creditable compensation and any pay up.

d. Last retirement contribution to be submitted: $ _____
NOTE: This should represent only 5 percent of creditable compensation noted above.

e. Last annual salary rate (reported for group life insurance purposes): $ _____

f. Date last annual salary rate became effective (mm/dd/yyyy): _____

g. Member is currently on leave of absence without pay? ❑ Yes ❑ No
If yes, enter effective date of leave (mm/dd/yyyy): _____

h. Additional Comments

_____

_____

7. Human Resources Authorization

_____
Signature

_____ _____
Phone Number Date

8. Payroll Authorization

_____
Signature

_____ _____
Phone Number Date

9. Contact Information
Print the contact information for the person to whom VRS should direct questions regarding this application.

_____ _____ _____
Name E-mail Address Phone Number