

CHANGE TO CERTIFICATION FOR RETIREMENT

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

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

4. Name (First) _____ (MI) _____ (Last) _____ (Jr./Sr.) _____	
5. Type of Retirement (Choose one) <input type="checkbox"/> Service <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	