

# VSDP CONVERSION OF DISABILITY CREDITS

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

1. Employer Code
2. Social Security Number

Members participating in the Virginia Sickness and Disability Program (VSDP) who were employed prior to January 1, 1999 (the effective date of VSDP) and are now terminating or retiring from state employment must choose to:

- 1) Convert unused disability credits to service credits to increase their Virginia Retirement System (VRS) benefit, or
- 2) Receive a payment from their employer for 25 percent of their disability credits up to \$5,000. If a member elects to convert the disability credits to service credits, one month of service credit is granted for each 173 hours of disability credits, rounded up to the next highest month. (One month of service credit is granted if the member has between 1 and 173 hours of disability credits.)

**To the Employer:** Complete this form and send it to VRS to notify VRS of the member's decision about converting disability credits to service credit. If the member is retiring, attach this form to the Application for Service Retirement (VRS-5). If the member is terminating employment with the state, send this form to VRS within 15 days of the date of termination.

**Note:** Before submitting this form with the VRS-5, use *myVRS* to estimate the monthly retirement benefit with (and without) the additional service credit to determine how the conversion affects the member's monthly benefit payment.

<b>3. Member Name</b>	(First)	(MI)	(Last)	(Jr./Sr.)
<b>4. Member Address</b>	(Street)	(City)	(State)	(Zip+4)
<b>5. Number of Disability Credits at Time of Termination or Retirement</b> (Complete this box only if disability credits are being converted)				
Disability Credits are calculated by dividing the total disability credits by 173 and rounding the result to the next whole number. Enter the calculations for the member below:				
<i>Disability credits</i> _____ <i>divided by 173 equals</i> _____. <i>Rounded to next whole number equals</i> _____.				
<b>6. Member Certification</b> (Choose one)				
<input type="checkbox"/> I am making an irrevocable election to <i>not</i> convert my disability credits to service credit. I certify that I understand the financial impact to my monthly VRS benefit payment by not converting the disability credits to service credits.				
<input type="checkbox"/> I am making an irrevocable election to convert my disability credit balance to service credit in lieu of a payout from my employer. I certify that I understand the financial impact this decision has on my monthly VRS benefit payment.				
_____		_____		_____
Member Signature		Daytime Phone Number		Date
<b>7. Human Resources/Payroll Officer Authorization</b>				
I certify that I have counseled the member on the financial impact of converting (or not converting) disability credits to service credit, including how the member's monthly VRS benefit payment will be affected.				
_____			_____	
Authorized Signer (Please print)			Authorized Signature	
_____		_____		_____
E-Mail Address		Phone Number		Date