

# APPLICATION FOR DISABILITY RETIREMENT



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

1. Social Security Number
2. Check One <input type="checkbox"/> Original Application <input type="checkbox"/> Revised Application

## PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and Zip+4)	
5. Are you a Virginia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married or Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced – Date of Divorce _____ <span style="float: right; font-size: small;">(mm/dd/yyyy)</span>	
8. Home Phone Number	9. Daytime Phone Number
10. Birth Date (mm/dd/yy)	11. Retirement Date (mm/01/yy)
12. Are you in the process of purchasing prior service or have you purchased prior service credit in the past? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
13. Will you be purchasing service credit with your sick leave payment? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
14. Is this disability application for a cause compensable under Workers' Compensation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
15. Have you previously applied for disability retirement? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, date applied: _____	
16. Will you be terminating all full-time employment with employers participating in VRS as of the earlier of your retirement date or upon approval of your disability retirement? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (See instructions for more information)	
17. Will you be terminating all part-time employment with the employer from which you are retiring as of the earlier of your retirement date or upon approval of your disability retirement? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (See instructions for more information)	



18. SSN

**PART B. PAYOUT OPTION SELECTION**

**19. Retirement Payout Options** (Choose One)

- Basic Benefit
- Survivor Option with \_\_\_\_\_ % payable to my survivor

**PART C. SURVIVOR INFORMATION**

Complete Part C **ONLY** if you chose a Survivor Option in Part B.

<b>20. Survivor's Name</b> (First, Middle Initial, Last)		
<b>21. Relationship</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other	<b>22. Survivor's Birth Date</b> (mm/dd/yy)	
<b>23. Survivor's SSN</b>	<b>24. Is your survivor a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>25. Survivor's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**PART D. CERTIFICATION**

**26. Member Certification**

I hereby certify all information I provide in this document is true and I understand that any willful falsification of facts presented may result in prosecution as provided by law. I agree that, in the event that VRS pays retirement benefits in excess of those to which I am entitled, I or my estate will repay the excess to VRS. By signing this form, I hereby assign to VRS any VRS group life insurance benefits that may be payable as a result of my death to secure repayment of any such retirement benefit overpayment.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**27. Spouse Certification** (Required if married or separated)

I have read and understand the retirement payout options available under VRS. I am aware of and understand the retirement payout option selected by my spouse in Part B and if my spouse chose a Survivor Option, the survivor benefits will be provided to the person named in Part C. Further, I am aware that counseling regarding the payout options is available.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (If different from member's address)



## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DISABILITY RETIREMENT AND ASSOCIATED DOCUMENTS

Please read the disability retirement information in your *Handbook for Members* before completing this application. You may obtain this handbook from your benefits administrator or view it on the VRS Web site ([www.varetire.org](http://www.varetire.org)). Use *myVRS* on the VRS Web site to estimate your VRS benefits before applying for retirement.

### *When submitting your application:*

- Include a readable copy of your birth certificate. If your birth certificate does not include your full given name and birth date, you must provide other legal documentation. Your application *cannot* be processed without this document.
- Include a readable copy of your survivor's birth certificate if you chose a survivor option. If your survivor's birth certificate does not include a full given name and birth date, provide other legal documentation.
- Have your employer complete Part E of this application if you are currently employed in a covered position or have been within the last 12 months.
- Complete and submit the Authorization for Direct Deposit of Monthly Benefit (VRS-57) and the Request for Income Tax Withholding (VRS-15). Processing of your retirement application is delayed if the VRS-57 is not completed and submitted with your application.

It is important to provide all required documents at the time of application. If all required documents are not received, VRS is unable to submit your file to the Medical Review Board. This will delay a determination in your disability case and may affect when your first benefit payment is made.

### *Considerations:*

At the time of retirement or upon receiving approval for disability retirement (whichever is earliest), you must terminate all full-time and part-time positions that are covered by VRS in order to receive a monthly retirement benefit. You must also terminate work in any part-time positions not covered under VRS for the employer from which you are retiring. If you return to work in a full-time position with any employer participating in VRS, your monthly retirement benefit must cease. You once again become an active VRS member.

If you plan to return to work in a part-time position with any employer participating in VRS:

- The duties of your new position cannot be similar to the duties of the position from which you retired, and
- Your employer must comply with Internal Revenue Service (IRS) rules about in-service distributions. For your employer to be in compliance, you must terminate all full-time and part-time employment with your current employer before you receive your benefit payment. In addition, you must incur a break in service of at least one full calendar month before returning to part-time employment in a position not covered by VRS with your current employer. This break must occur during a normal work period.

**Note:** State agencies are considered one employer. Retired state employees may return to work in part-time positions with other state agencies after a full calendar month break in service during a normal work period.

## **Completing the Application for Disability Retirement**

Complete Parts A through D

(To avoid processing delays, print or type your information and ensure all items are completed.)

### **Part A. Member Information**

Boxes 1-10: Enter your personal information. In Box 2, check whether this is your original application or if you are submitting a revised application.

Box 11: Enter the date you plan to retire (the first of any given month after your employment is terminated).

Box 12: If you check yes, the purchase must be completed while you are actively employed and no later than your date of termination.

Box 13: If you check yes, your benefit cannot be calculated until the payment for the purchase has been submitted to VRS; additionally, you must complete the VRS-26F and include it with this form.

Boxes 16-17: At the time of retirement or upon receiving approval for disability retirement (whichever is earliest), you must terminate all full-time and part-time positions that are covered by VRS to receive a monthly retirement benefit. You must also terminate work in any part-time positions not covered under VRS for the employer from which you are retiring.

### **Part B. Payout Option**

Box 19: Choose one payout option. Refer to your *Handbook for Members* to determine which option will meet your retirement goal.

### **Part C. Survivor Information**

Boxes 20-25: Complete these boxes *only* if you chose the survivor option in Part B. If you choose a survivor option, you *must* send a legible copy of your survivor's birth certificate with this application.

### **Part D. Certification**

Box 26: Sign and date the application.

**If you are unable to sign the application and the payout option selected in Part B is the Survivor Option, only an individual specifically authorized to make testamentary changes on your behalf may sign it. Authorized individuals include: a court-appointed Guardian or Committee; an Attorney-in-Fact named in a Durable Power of Attorney; or an individual specifically authorized by a court order to do so. A copy of the document providing such authorization must be presented to VRS for review before this application can be processed. If the application is not signed and dated, it is not valid and a new one must be completed. This may delay you first payment.**

Box 27: If you checked Married or Separated in Box 7, your spouse must sign and date the application on or after the date you sign; otherwise, a new one must be completed. If you are unable to obtain your spouse's signature, contact VRS for additional information.

Have your employer complete Part E of this application if you are currently employed in a covered position or have been within the last 12 months.

### **Completing the Other Required Documents**

In addition to the Application for Disability Retirement (VRS-6), the following forms must also be completed and submitted to VRS before your application can be processed. These forms include:

**Explanation of Disability (VRS-6A):** Complete this form to provide your interpretation of your job duties and how you are unable to perform them.

Boxes 1-6: Enter your personal information.

Boxes 7-12: Provide information about your employment.

Boxes 13-21: Provide information about your medical problem and your treatments.

Boxes 22-24: Check the appropriate response. If you check yes, attached the requested documents to the form.

**Physician's Report (VRS-6B):** This form allows your physician to provide VRS with information about your condition. Give this form to your physician and ask that it be completed and submitted directly to VRS. The physician must also submit written diagnostic, objective findings to substantiate the diagnosis.

It is in your interest to choose an authorized medical professional that will cooperate with the VRS disability retirement process to the fullest. It is your physician's responsibility to do his or her best to fully document your illness so that the Medical Board understands how your illness impacts your job performance. The Medical Board will not evaluate you personally. Your physician's documentation may have an impact on whether or not your application is approved.

Note: You are responsible for your medical bills. Remember that VRS is not responsible for payment of fees to the physician for providing any medical information.

**Employer Information for Disability Application (VRS-6D):** The form must be completed by your employer to provide VRS information about your position.

**Request for Income Tax Withholding (VRS-15):** This form authorizes VRS to withhold taxes at a rate other than a rate for a married individual claiming three exemptions and zero exemptions for state taxes.

Part A: Enter your personal information.

Parts B/C: Choose one federal income tax withholding option and one state income tax withholding option. If you choose to withhold income taxes, enter the number of exemptions and any additional amount you want withheld.

**Authorization for Direct Deposit of Monthly Benefit (VRS-57):** This form authorizes VRS to transfer funds electronically to your financial institution.

Boxes 1-4: Enter your personal information.

Boxes 5-7: Enter information about your financial institution.

Box 10: Tape a voided check in Box 10. VRS cannot accept hand-written account information.

## Employer Responsibilities

**Application for Disability Retirement (VRS-6):** Complete Part E and verify the application has been completed in its entirety, signed and dated as required. (To avoid processing delays, print or type your information and ensure all items are completed.)

**Employer Information for Disability Application (VRS-6D):** Complete this form to provide VRS information about the employee's position and job status.

Ensure the member has included the following forms with the Application for Disability Retirement (VRS-6):

- Explanation of Disability (VRS-6A)
- Physician's Report (VRS-6B), if it has been completed previously. This document may be forwarded directly from the physician to VRS.
- Request for Income Tax Withholding (VRS-15)
- Authorization for Direct Deposit of Monthly Benefit (VRS-57)

Review the birth certificate (and the survivor's birth certificate if applicable) to ensure it is readable.

Mail the *original* Application for Disability Retirement and all other required documents to VRS. A copy of the application cannot be processed. **Note:** VRS does recommend a copy of the application be faxed to VRS in the case of life threatening illness.