

REQUEST FOR TERMINATION OF MONTHLY BENEFIT

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. Daytime Phone Number

Complete this form to terminate your monthly benefit if you return to employment covered under the Virginia Retirement System (VRS). Your monthly benefit must be terminated effective with the same month that you begin employment. You will be responsible for returning any benefit payments that are paid to you beyond that date. Your group life insurance coverage will be based on your new salary (even if it is lower) unless your first retirement was on or after July 1, 1999 and you had 20 years or more of service. In this case, your life insurance amount will be based on your highest annual salary during your career.

PART A. RETIREE INFORMATION

3. Name	(First)	(MI)	(Last)	(Jr./Sr.)
4. Address	(Street)	(City)	(State)	(Zip+4)
5. Employer at Time of Retirement	6. Retirement Date			
7. Retiree Acknowledgement I am returning to work with the VRS-covered employer as shown below.				
Signature			Date	

PART B. CURRENT EMPLOYER CERTIFICATION

8. Employer Name	9. Employer Code			
10. Address	(Street)	(City)	(State)	(Zip+4)
11. Effective Date of Employment	12. Payroll Date Member to be Reported to VRS			
13. Employer Authorization The individual named above has been employed as a permanent, full-time classified employee and will be reported to VRS as an active member.				
Personnel Authorization		Payroll Authorization		
Signature		Signature		
Phone Number		Date		Date
14. Contact Information Provide a contact to whom VRS may direct questions about the information shown above. (Please print)				
Name		E-mail Address		Phone Number