NOTICE OF RETURN TO COVERED EMPLOYMENT
OPTIONAL RETIREMENT PLAN RETIREE

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	

This form is completed when you return to a position covered under VRS, including an Optional Retirement Plan (ORP) or alternate retirement plan authorized under the Code of Virginia. Note that you must stop distributions from an ORP, other than from an annuity, prior to the month you return to employment.

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. Your Optional Retirement Plan
- ❑ ORP for Higher Education
- ❑ ORP for Political Appointees
- ❑ ORP for School Superintendents

7. ORP Distribution Information

Have you started a distribution from an ORP? ❑ Yes ❑ No If yes, complete the following:

a) Date distributions began: _____ (mm/dd/yyyy)

b) Type of distribution: _____

c) Provider_____

d) Have you ceased distributions? ❑ Yes ❑ No

e) Date distributions ceased: _____ (mm/dd/yyyy)

8. Retiree Acknowledgement: I am returning to work with the employer named below. I understand the Code of Virginia requires distributions from the ORP, other than from an annuity, cease prior to the effective date of employment in a position providing retirement benefits under the Code of Virginia. (If the Retiree Acknowledgement is not completed, the employer representative's signature constitutes acknowledgement that the employee has been advised that ORP distributions, other than from an annuity, must stop until the employee again terminates employment.)

Signature _____ Date _____

PART B. CURRENT EMPLOYER CERTIFICATION

9. Employer Name

10. Employer Code

11. Effective Date of Employment

12. Date of Payroll for First Retirement Contribution

13. Employer Authorization

The individual named above is a salaried employee and is eligible to have retirement plan contributions paid VRS, an ORP, or an alternate retirement plan.

Human Resources Authorization

Signature _____

E-mail Address _____

Phone _____ Date _____

Payroll Authorization

Signature _____

E-mail Address _____

Phone _____ Date _____