

ELECTION OF EMPLOYER FOR VRS REPORTING

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. Social Security Number |
| 2. Daytime Phone Number |

Complete this form when you become employed in more than one VRS-covered position. The Code of Virginia does not allow a member to be reported to VRS by two covered employers for the same time period. You must choose one employer to report you. Complete this form and obtain signatures from both employers. Submit the form to VRS within 30 days of becoming employed by a second employer. Provide a copy of the completed form to both employers for their records.

If you terminate employment with the employer who is reporting you, submit a new VRS-9 reflecting the employer that will begin reporting you to VRS. This will ensure VRS accurately posts your service credit to your member record.

If you choose to retire, you are required to terminate all positions to receive a monthly retirement benefit including any non-covered part-time positions with the employer from which you retire.

| | | | | |
|----------------|---------|------|--------|-----------|
| 3. Name | (First) | (MI) | (Last) | (Jr./Sr.) |
|----------------|---------|------|--------|-----------|

| | | | | |
|-------------------|----------|--------|---------|---------|
| 4. Address | (Street) | (City) | (State) | (Zip+4) |
|-------------------|----------|--------|---------|---------|

5. Election of Reporting and Employer Acceptance

I choose to continue my membership in the Virginia Retirement System and/or Group Life Insurance Program through the following employer:

Employer Name

Employer Code

Employer Acceptance of Reporting: The employee named above will be reported to VRS by this employer code effective with the reporting date shown below:

Reporting Date

Payroll Officer Signature

Date

Benefits Administrator Signature

Date

6. Non-Reporting Employer Election and Employer Acknowledgement

I choose to discontinue my membership through the following employer:

Employer Name

Employer Code

Employer Acknowledgement of Non-Reporting: I acknowledge that the employee named above will *not* be reported to VRS by this employer code.

Payroll Officer Signature

Date

Benefits Administrator Signature

Date

7. Member Authorization I authorize the employer reporting elections as shown above. I certify that upon my retirement, I will terminate all positions in order to receive a monthly retirement benefit.

Member Signature

Date

