Clear Form

SOCIAL SECURITY NUMBER:
EMPLOYEE NAME;
EMPLOYEE ADDRESS;
CITY/STATE/ZIP:
AGENCY CODE:
AGENCY NAME:

VIRGINIA SICKNESS & DISABILITY PROGRAM

Enrollment in Commonwealth of Virginia Sickness and Disability Program (VSDP) for College and University Faculty

(Newly hired/appointed on or after January 1, 1999)

COMPLETE THIS ELECTION FORM ONLY IF YOU HAVE SELECTED THE VIRGINIA RETIREMENT SYSTEM AS YOUR CHOICE OF RETIREMENT PLANS.

This form makes it quick and easy for you to:

- Make an election between your college or university program and the Virginia Sickness and Disability Program (VSDP).
- Fill in each oval completely. Use black or blue ink, or a pencil to mark your choices. Please do not use a felt tip marker.

Incorrect marks: ✓ ✗ ● **Correct mark:** ⬬

Return this form to your Human Resource Department at your employing agency.

IF ENROLLING IN THE VSDP, YOU MUST PROVIDE:

___ — ___ — ____

WORK PHONE NUMBER

IF ENROLLING IN THE VSDP, YOU MUST PROVIDE:

___ — ___ — ____

HOME PHONE NUMBER

Program Election

(Fill in one circle only)

This choice is available only to faculty who have chosen the Virginia Retirement System as their pension plan.

⬭ I wish to participate in the Commonwealth of Virginia Sickness and Disability Program (VSDP).

⬭ I wish to participate in the plan offered by my college or university.

If your institution of higher education does not offer a plan, then you will be automatically enrolled in the Virginia Sickness and Disability Program.

Human Resource Department Certification: First Day of Employment

__ __ Month __ __ Day __ __ Year

VSDP State Service Date: (Include all state employment, classified and faculty, as applicable.)
Important: Please do not write outside of the boxes.

__ __ Month __ __ Day __ __ Year = ___ Service Months

_____

Human Resources Manager or Designee signature

Date form received from HR: __ __ Month __ __ Day __ __ Year

Employee Certification: (Please do not write outside of the boxes.)

I understand that my election is irrevocable.

Employee's Signature _____

__ __ Month __ __ Day __ __ Year