## **REQUEST FOR MEMBER INFORMATION CHANGE**

**VIRGINIA RETIREMENT SYSTEM** P.O. Box 2500 Richmond, Virginia 23218-2500 Toll Free 1-888-VARETIR (827-3847) Fax 804-692-0989 www.varetire.org

1. Social Security Number

**Employer Code** 2.

**Employer Name** 3.

Employers (except state employers) complete this form to identify coverage changes for members with enhanced benefits who became disabled and accepted a non-hazardous position and for certain members who are provided Plan 1 age and service provisions. All other member information and coverage changes are submitted through VRS' online application, myVRS Navigator.

This form must be submitted to VRS prior to the monthly report on which the change is first reported.

## PART A. MEMBER INFORMATION

4.	Name	(First, MI, Last)

## PART B. COVERAGE CHANGES

ADD Coverage			<b>OP Coverage</b> (Not for members terminating employment.)	
The employee is eligible for coverage: (Check one)		The employee is no longer eligible for coverage: (Check one)		
	VRS with Enhanced Benefits for disabled employee moving to non-hazardous position (2012 Legislation, available to non-state employees only)		VRS with Enhanced Benefits for disabled employee moving to non-hazardous position (2012 Legislation, available to non-state employees only)	
	VRS Plan 2 Firefighter, EMT or law enforcement officer with a political subdivision which has elected to provide VRS Plan 1 age and service provisions		VRS Plan 2 Firefighter, EMT or law enforcement officer with a political subdivision which has elected to provide VRS Plan 1 age and service provisions	
Effective date: (mm/yyyy)		Eff	ective date: (mm/yyyy)	

## PART C. CERTIFICATION

It is the employer's responsibility to make the member identified on the form aware of the changes that are being reported to VRS. Note: The member's signature is required when dropping enhanced benefits for the member who became disabled and accepted a non-hazardous position.

We certify the change stated above is correct and that the member is aware of the changes being reported to VRS. Authorized Employer Signature Date Member Signature Date



