

Applying for Disability Retirement Booklet

Providing forms and instructions to assist you with the disability retirement application process

Member Resources

Benefit Information and Planning Resources

VRS Web site at www.varetire.org:

- *myVRS*, a secure online system providing benefit estimating and retirement planning tools and information from your member record.
- Benefit information, forms and publications, including the *Handbook for Members*.
- Member Webinars, Retirement Education Seminars and Group Counseling Sessions with online registration.

One-on-one counseling:

- Talk with a counselor about your retirement options, applying for retirement and retiree benefits. Counseling is held at VRS at 1200 East Main Street in downtown Richmond on a first-come first-served basis. The hours are 8:30 a.m.-5 p.m., Monday through Friday. See www.varetire.org for directions to VRS.

VRS Contact Information

Toll free: 1-888-VARETIR (1-888-827-3847)

E-mail: vrs@varetire.org

Important e-mail notice: Do not send personal or confidential information, such as your Social Security number, via e-mail. VRS will send only non-confidential replies.

Mailing address: Virginia Retirement System, P.O. Box 2500, Richmond, VA 23218-2500

Fax number: 804-786-9718

Other Key Contacts

American Association of Retired Persons:
1-888-OUR-AARP (1-888-687-2277); www.aarp.org

Anthem Blue Cross/Blue Shield: 1-800-552-2682;
www.anthem.com

Commonwealth of Virginia 457 Deferred Compensation Plan: 1-VRS-DC-PLAN1 (1-877-327-5261);
www.varetire.org (select the "Defined Contribution Plans" tab)

Group Life Insurance Program: Minnesota Life,
1-800-441-2258

Federal Public Safety Officers' Benefits Act:
1-888-744-6513; www.ojp.gov/BJA

Internal Revenue Service: 1-800-829-1040; www.irs.gov

Medicare: 1-800-633-4227; www.medicare.gov

Social Security Administration: 1-800-772-1213;
www.ssa.gov

Virginia Department for the Aging: 1-800-552-3402;
www.vda.virginia.gov

Virginia Department of Human Resource Management:
804-225-2131; www.dhrm.virginia.gov

Virginia Department of Taxation: 804-367-8031;
www.tax.virginia.gov

Virginia Line of Duty Act, Virginia Department of Accounts:
804-225-3038; www.doa.virginia.gov

Virginia Sickness and Disability Program (VSDP): Unum,
1-800-652-5602

Virginia Sickness and Disability Program Long-Term Care Plan: Long Term Care Group, Inc., 1-800-761-4057

Virginia Workers' Compensation Commission:
1-877-664-2566; www.vwc.state.va.us

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IMPORTANT NOTE

This booklet is for members of the Virginia Retirement System who do not participate in the Virginia Sickness and Disability Program (VSDP). If you participate in VSDP, see the *Virginia Sickness and Disability Program Handbook for Participants* available on the VRS Web site at www.varetire.org.

The information contained in this document is governed by Title 51.1 of the *Code of Virginia*. This information is intended to be general. It cannot be complete in all details and cannot supersede or restrict the authority of the *Code of Virginia*, which may be amended from time to time.

1. About Disability Retirement

Eligibility

If you cannot perform your job because of a physical or mental disability that is likely to be permanent, you may qualify for a disability retirement benefit. You are eligible to apply from your first day of covered employment.

WHAT IS COVERED EMPLOYMENT?

Covered employment is a full-time salaried, permanent position with an employer that participates in VRS, which includes the State Police Officers' Retirement System (SPORS), the Virginia Law Officers' Retirement System (VaLORS) and the Judicial Retirement System (JRS). Some part-time salaried, permanent state positions also are covered under VRS.

You are not eligible to apply for disability retirement if you participate in the Virginia Sickness and Disability Program (VSDP) or if you take a refund of your retirement contributions and interest in your member contribution account. If your disability is the result of a medical condition you had before becoming employed in a covered position, your condition must significantly worsen for you to be considered for disability retirement.

Your disability may be non-work related or work-related. A work-related disability is a condition for which you are receiving a Workers' Compensation award and is the primary cause of your disability.

You can apply for disability retirement while you are employed or within 90 days of leaving covered employment. If you are on leave without pay, you have up to 24 consecutive months on leave without pay to apply for disability retirement. If you are on active duty military leave, you can apply at any time while on leave.

Non-Work Related Disability

Vested members approved to retire on non-work related disability receive the minimum guaranteed benefit or the VRS formula amount, whichever is higher. Non-vested members are eligible only for the minimum guaranteed benefit. You become vested when you have five years of service credit.

Minimum Annual Guaranteed Benefit

Eligible for Social Security

For those who qualify for Social Security disability benefits or full Social Security retirement benefits when they retire on non-work related disability, the minimum annual guaranteed benefit is equal to 33⅓ percent of average final compensation.

Minimum Annual Guaranteed Benefit

Not Eligible for Social Security

For those who do not qualify for Social Security disability benefits or full Social Security retirement benefits when they retire on non-work related disability, the minimum annual guaranteed benefit is equal to 50 percent of average final compensation.

VRS Formula Amount

Under Age 60

The formula amount for those under age 60 retiring on non-work related disability is equal to 1.7 percent of average final compensation multiplied by (a) twice the amount of total service credit at disability retirement or (b) actual service credit plus number of years remaining between age at disability retirement and age 60, whichever is less.

Example: Age 55

Based on an average final compensation of \$44,000 and 10 years of service credit at disability retirement

(a) $\$44,000 \times 1.7\% \times 20$ (twice 10 years of service credit) = \$14,960 annual disability retirement benefit amount

(b) $\$44,000 \times 1.7\% \times 15$ (10 years of service credit + 5 years until age 60) = \$11,220 annual disability retirement benefit amount

In this example, the lesser amount is (b) \$11,220. The monthly disability retirement benefit amount before taxes and other deductions would be \$935 ($\$11,220 \div 12$ months).

Age 60 or Older

The formula amount for those age 60 or older retiring on non-work related disability is equal to 1.7 percent of average final compensation multiplied by total service credit at disability retirement.

Example: Age 62

Based on an average final compensation of \$44,000 and 10 years of service credit at disability retirement

$\$44,000 \times 1.7\% \times 10$ years of service credit = \$7,480.00 annual disability retirement benefit amount

$\$7,480.00 \div 12$ months = \$623.33 disability retirement monthly benefit amount before taxes and other deductions

WHAT IS AVERAGE FINAL COMPENSATION?

Average final compensation

is the average of the 36 consecutive months of highest compensation in your history of covered employment.

Compensation is your salary reported to VRS by your employer. It does not include payments for overtime, temporary employment, extra duties or other additional payments.

Work-Related Disability

Members approved to retire on work-related disability receive the higher of a guaranteed benefit or the VRS formula amount, as shown on the previous page, offset by Workers' Compensation benefits.

For those who qualify for Social Security disability benefits or full Social Security retirement benefits, the guaranteed benefit is equal to 50 percent of average final compensation. For those who do not qualify for Social Security disability benefits or full Social Security retirement benefits, the guaranteed benefit is equal to $66\frac{2}{3}$ percent of average final compensation.

Coordination with Workers' Compensation Benefits

- If the monthly Workers' Compensation payment is less than the monthly VRS work-related disability benefit, VRS will pay the difference between the two payments to bring you to your eligible VRS benefit amount.
- If the Workers' Compensation payment is equal to or more than the VRS work-related disability benefit, your VRS disability benefit will begin once your Workers' Compensation payments reduce or end.
- If you accept a lump-sum payment of Workers' Compensation benefits, your VRS disability retirement benefit will be adjusted according to the monthly amount represented by the lump-sum payment.
- If you do not comply with the requirements for Workers' Compensation benefits and your benefits end, your VRS disability retirement benefit will continue to be offset by the Workers' Compensation amount.

IF YOUR WORKERS' COMPENSATION BENEFITS CHANGE

If you receive a letter from Workers' Compensation notifying you of a change or end to your benefits, send a copy of the letter to VRS as soon as possible at P.O. Box 2500, Richmond, VA 23218-2500. A change to your Workers' Compensation payment could change your VRS disability retirement benefit amount.

Benefit Payout Options

When you apply for non-work related or work-related disability retirement, you choose how you want to receive your benefit. The payout options are the Basic Benefit and Survivor Option. **The option you elect is irrevocable**, meaning you cannot change it once you retire, with the exception of the Survivor Option under certain conditions.

Basic Benefit

The Basic Benefit is based on your age at disability retirement, total years of service credit and average final compensation. The amount of your benefit depends on whether you retire on non-work related or work-related disability as described on the previous pages. The Basic Benefit does not provide a continuation of a benefit to a survivor upon your death.

Survivor Option

With this option, you elect to receive a lower monthly benefit during your lifetime so that your survivor can receive a lifetime monthly benefit after your death. You choose a whole percentage of your benefit, between 10 percent and 100 percent, to go to your survivor. Your benefit amount is based on this percentage, your age, the age of your survivor at retirement and whether you retire on non-work related or work-related disability.

You can name anyone as your survivor, whether or not the individual is your spouse or another family member. However, the Internal Revenue Service (IRS) may limit the percentage that may go to a non-spouse survivor.

You may revert to the Basic Benefit or name a new survivor if:

- Your survivor dies;
- Your survivor is your spouse and you divorce with fewer than 20 years of marriage;
- Your survivor is your spouse, you divorce after 20 or more years of marriage and your spouse dies, remarries or consents in writing to a change in benefit; or
- You provide VRS a written consent from your survivor giving up claim to a benefit along with proof of your survivor's good health.

Note: If you are divorced and VRS has an Approved Domestic Relations Order (ADRO) on file, your benefit must be paid as directed by the ADRO.

CHANGING YOUR SURVIVOR

If you elect the Survivor Option and need to change your survivor after you retire, call VRS toll free at 1-888-VARETIR (1-888-827-3847) for assistance. You cannot use the Designation of Beneficiary (VRS-2). The VRS-2 is for changes to beneficiary designations for payment of member contributions and interest and life insurance benefits.

Member Contribution Account

Non-Work Related Disability

If you retire on non-work related disability under the Basic Benefit option, your named beneficiary will receive a refund of any retirement contributions and interest in your member contribution account upon your death. If you elect the Survivor Option, the individual you name as your survivor is eligible for a lifetime monthly benefit.

Work-Related Disability

If you retire on work-related disability, you will receive a refund of your retirement contributions and interest in addition to the monthly disability retirement benefit.

Taxes on Refunds

Refunds are subject to tax withholding of 20 percent for federal tax and, if you live in Virginia, 4 percent for state tax. Any portion on which you already have paid taxes is not taxed again.

If you or your beneficiary receives a refund before age 59½, the Internal Revenue Service (IRS) may impose an additional 10 percent tax penalty for early withdrawal of retirement contributions.

Taxes on refunds may be deferred by rolling over the taxable amount to an Individual Retirement Account (IRA) or another qualified plan. For more information, read the IRS 402(f) Special Tax Notice available on the VRS Web site at www.varetire.org, contact your tax advisor or contact the IRS toll free at 1-800-829-1040 or www.irs.gov.

2. Applying for Disability Retirement

Retirement Date

The effective date of disability retirement is the first day of the month in which you wish to retire. If you are applying for disability retirement while still employed, your human resource office can assist you with your application.

Forms and Documents

Your retirement application must include:

- Application for Disability Retirement (VRS-6). Include acceptable legible evidence of your date of birth, such as a copy of your birth certificate. If applicable, have your spouse complete the spousal acknowledgement section. Your spouse must sign on or after the date you sign the application.
- Explanation of Disability (VRS-6A).
- Physician's Report (VRS-6B).
- Employer Information for Disability Retirement (VRS-6D).
- Formal job description from your human resource office.
- Designation of Beneficiary (VRS-2) to ensure your beneficiary designation is up to date. If you elect the Survivor Option, you must submit the VRS-2 to designate a beneficiary for life insurance benefits. You may name your survivor or another individual as your beneficiary.
- Request for Income Tax Withholding (VRS-15).
- Authorization for Direct Deposit of Monthly Benefit (VRS-57).
- State Health Benefits Enrollment Form for Retirees, Survivors and VSDP/LTD Participants if you are a state employee. You must submit this form whether you are electing or waiving coverage. You have up to 31 days from your retirement date to elect state retiree health insurance coverage. For more information about the program, visit the Department of Human Resource Web site at www.dhrm.virginia.gov.

INSTRUCTIONS AND FORMS

The back of this booklet provides the following forms:

- Application for Disability Retirement (VRS-6)
- Explanation of Disability (VRS-6A)
- Physician's Report (VRS-6B)
- Request for Disability Retirement Estimate (VRS-6C)
- Employer Information for Disability Retirement (VRS-6D)
- Request for Income Tax Withholding (VRS-15)
- Authorization for Direct Deposit of Monthly Benefit (VRS-57)

These and other forms also are available on the VRS Web site at www.varetire.org. Most forms are fillable. Select the "fillable" version, complete it online and then print and sign it before submitting.

- If you are a teacher or political subdivision employee, contact your human resource office about retiree health insurance your employer may offer. Some employers have arranged with VRS to deduct the health insurance premiums from the monthly benefit payment.

Other forms and documents you may need:

- If you are electing the Survivor Option, acceptable legible evidence of your survivor's date of birth.
- Request for Disability Retirement Estimate (VRS-6C).
- Workers' Compensation award letter and accident report, if applicable, if you are applying for work-related disability retirement.
- Copy of your receipt of your application for Social Security disability benefits or letter approving or denying Social Security disability benefits.
- Request for Health Insurance Credit (VRS-45) if VRS will not be deducting your health insurance premiums from your monthly benefit payment. For more information, see Section 3-After You Retire.

MORE INFORMATION

For more information about **service retirement**, including eligibility requirements for an unreduced and reduced benefit and benefit payout options, review your *Handbook for Members* or visit the VRS Web site at www.varetire.org.

Service Retirement Pending Approval of Disability Retirement

If you are applying for **non-work related disability retirement** and also qualify for an unreduced or reduced service retirement benefit, you may apply for service retirement and disability retirement at the same time. If your application for disability retirement is denied, you may begin receiving a service retirement benefit while you are appealing the denial of your disability retirement application.

If you are applying for **work-related disability retirement**, VRS cannot begin paying a service retirement benefit while your disability retirement application is pending. However, if you submit an application for service retirement, the retirement date you select will be honored if your work-related disability application is denied.

Submit the Application for Service Retirement (VRS-5) with your disability retirement application. Select the Basic Benefit or Survivor Option on your service retirement application. If you wish to retire under the Partial Lump-Sum Option Payment (PLOP) or Advance

Pension Option in the event your disability retirement application is denied, include a letter with your application reserving the right to elect one of these payout options.

Medical Review

The VRS Medical Board will review your medical information and make its recommendation to the VRS Board of Trustees to approve or deny benefits. You are responsible for providing all medical documentation at your own cost. If VRS denies your disability retirement application, you are notified of the appeals process.

The Medical Board may require an independent examination by a specialist. You will be notified in this event. If you refuse the examination, your disability retirement application may be denied.

Disability Reexamination

You are required to provide updated medical information annually until your normal retirement age under VRS. You also may be required to have annual follow-up examinations. If you refuse to provide updated information or be examined, your benefits will stop until you comply. If you continue to refuse to comply for six months, or if VRS determines you are no longer disabled, your disability retirement benefits will end.

3. After You Retire on Disability

LOOK UP YOUR RETIREE INFORMATION THROUGH *myVRS*

- See your monthly benefit amount, when it is deposited and benefit payment history. Confirm your bank account information.
- See your COLAs and income tax deductions. Use an online tax tool to submit changes to your withholding to VRS.
- Review your health insurance premium deductions, health insurance credit amount and current life insurance amount.
- Update your address.
- Print income verification information and tax documents for income tax filing purposes.

After you retire, VRS will send you a one-time *myVRS* authentication code. To create your secure retiree online account, go to the VRS Web site at www.varetire.org and select the *myVRS* logo from the Retiree tab.



Receiving Your Benefit

Direct Deposit

VRS deposits your benefit payment directly to the account you designate on the Authorization for Direct Deposit of Monthly Benefit (VRS-57), which you submit with your disability retirement application. The deposit is made on the first of the month for the preceding month's benefit. If the first falls on a weekend or holiday, the deposit is made on the last business day of the preceding month.

Cost-of-Living Adjustments

Cost-of-living adjustments (COLAs) go into effect on July 1 of the second calendar year after you retire and are effective each July 1 thereafter. Under current law, COLAs cannot exceed 5 percent.

Example: If you retire on September 1, 2010, your first COLA will be effective July 1, 2012 and begin with your August 1, 2012 benefit payment.

Social Security

If you are not of the age eligible for full Social Security retirement benefits when you apply for VRS disability retirement, you must apply for Social Security disability benefits. For more information, call the Social Security Administration toll free at 1-800-772-1213, visit www.ssa.gov or contact your local Social Security Administration office.

Taxes

If you retire on non-work related disability or work-related disability with the VRS formula amount, your benefit may be subject to federal and state income taxes. If you retire on work-related disability with the guaranteed benefit, your benefit is exempt from federal and state income taxes. For more information, contact the IRS toll free at 1-800-829-1040 or www.irs.gov.

After you retire, you will receive an IRS Form 1099-R from VRS each January. You file this form with your income tax returns. The 1099-R shows the total amount of your VRS benefit for the previous year,

taxable amount of your benefit, taxes withheld during the previous year and health insurance premiums, less the amount of your health insurance credit (see next page).

Group Life Insurance Coverage in Retirement

Basic Group Life Insurance

If you are covered under the Basic Group Life Insurance Program when you retire, a portion of your coverage continues into retirement at no cost to you. Benefits include:

- Death benefit equal to twice your compensation at retirement. If you retire with 20 or more years of service credit, the death benefit is equal to twice your highest compensation as a covered employee, even if your final salary is lower.
- Accelerated death benefit option.

The provisions that allow for double the natural death benefit for accidental death and for accidental dismemberment end upon retirement.

Your basic group life insurance coverage begins to reduce by 25 percent beginning the January 1 following one calendar year from your 65th birthday. It continues to reduce by 25 percent each January 1 until it reaches 25 percent of its original value.

Optional Group Life Insurance

If you have optional group life insurance coverage, you may continue a portion of your coverage into retirement provided you, as well as your spouse and dependent children if you enroll them in the program, are continuously covered during the 60 months preceding your retirement. Optional life insurance amounts begin to reduce at age 65; coverage ends at age 80.

You have the option to convert your coverage to an individual policy. You pay the premiums. Submit a Conversion of Group Life Insurance Enrollment (VRS-35E) to Minnesota Life. The form is available at www.varetire.org. You must apply within 31 days of retirement. This option is not available after 31 days.

MORE INFORMATION

For more information about the **Group Life Insurance Program**, review your *Handbook for Members* or visit the VRS Web site at www.varetire.org.

VRS has contracted with Minnesota Life as the third-party administrator for the Group Life Insurance Program. For information about your coverage, call Minnesota Life toll free at 1-800-441-2258 or write to P.O. Box 1193, Richmond, VA 23218-1193.

MORE INFORMATION

For more information about the **health insurance credit**, including monthly credit amounts, review your *Handbook for Members* or go to the VRS Web site at www.varetire.org. Select "Insurance in Retirement" from the Retiree tab.

Health Insurance Credit

If you retire on disability, you are eligible for the health insurance credit. This benefit is a tax-free reimbursement to assist with the portion of health insurance premiums you pay for single coverage. The credit is a dollar amount set by the General Assembly for each year of service credit.

If VRS will be deducting your health insurance premiums from your monthly benefit payment, you do not need to apply for the health insurance credit. If you are eligible, VRS will apply the credit automatically. For any premiums VRS will not be deducting, submit the Request for Health Insurance Credit (VRS-45) with your retirement application. The form and additional information are available at www.varetire.org.

Working after Retirement

In many cases, you can continue to receive your disability retirement benefit if you work in a temporary, hourly or other non-covered position with a VRS-participating employer. If you return to non-covered employment with the same employer, you must have a bona fide break in service of at least one full calendar month after your disability retirement date over a period you normally would work to continue receiving your benefit. Your employer can make no verbal or written offer of reemployment before you retire. You and your employer must certify that no such prearrangement has been made on the Application for Disability Retirement (VRS-6).

Public school divisions and political subdivisions are considered separate employers. However, the Commonwealth of Virginia, including all state agencies and public colleges and universities, is considered the same employer.

Your disability benefit will end if you return to covered employment with a VRS-participating employer or take a position with any employer that requires the same or similar duties as those you performed before you retired on disability. If you are considering employment after you retire on disability, contact VRS to determine whether the position would disqualify you from continuing to receive your disability retirement benefit.

MORE INFORMATION

For more information about **working after retirement**, review your *Handbook for Members* or go to the VRS Web site at www.varetire.org. Select "Working after Retirement" from the Retiree tab.

4. Application Instructions and Forms

Application for Disability Retirement (VRS-6)

To avoid processing delays, print or type your information and ensure all items are completed.

PART A: MEMBER INFORMATION

- Box 1-10: Enter your personal information. In Box 2, check whether this is your original application or if you are submitting a revised application.
- Box 11: Enter the date you plan to retire (the first of any given month after your employment is terminated).
- Box 12: If you check yes, the purchase must be completed while you are actively employed and no later than your date of termination.
- Box 13: If you check yes, your benefit cannot be calculated until the payment for the purchase has been submitted to VRS; additionally, you must complete the VRS-26F and include it with this form.
- Boxes 16-17: At the time of retirement or upon receiving approval for disability retirement (whichever is earliest), you must terminate all full-time and part-time positions that are covered by VRS to receive a monthly retirement benefit. You must also terminate work in any part-time positions not covered under VRS for the employer from which you are retiring.

PART B: PAYOUT OPTION

- Box 19: Choose one payout option. Refer to your *Handbook for Members* to determine which option will meet your retirement goal.

PART C: SURVIVOR INFORMATION

- Boxes 20-25: Complete these boxes *only* if you chose the survivor option in Part B. If you choose a survivor option, you *must* send a legible copy of your survivor's birth certificate with this application.

PART D: CERTIFICATION

- Box 26: Sign and date the application.

If you are unable to sign the application and the payout option selected in Part B is the Survivor Option, only an individual specifically authorized to make testamentary changes on your behalf may sign it. Authorized individuals include: a court-appointed Guardian or Committee; an Attorney-in-Fact named in a Durable Power of Attorney; or an individual specifically authorized by a court order to do so. A copy of the document providing such authorization must be presented to VRS for review before this application can be processed. If the application is not signed and dated, it is not valid and a new one must be completed. This may delay your first payment.

Box 27: If you checked Married or Separated in Box 7, your spouse must sign and date the application on or after the date you sign; otherwise, a new one must be completed. If you are unable to obtain your spouse's signature, contact VRS for additional information.

Have your employer complete Part E of this application if you are currently employed in a covered position or have been within the last 12 months.

Completing the Other Required Documents

In addition to the Application for Disability Retirement (VRS-6), the following forms must also be completed and submitted to VRS before your application can be processed. These forms include:

EXPLANATION OF DISABILITY (VRS-6A): Complete this form to provide your interpretation of your job duties and how you are unable to perform them.

Boxes 1-6: Enter your personal information.

Boxes 7-12: Provide information about your employment.

Boxes 13-21: Provide information about your medical problem and your treatments.

21:

Boxes 22-24: Check the appropriate response. If you check yes, attached the requested documents to the form.

24:

PHYSICIAN'S REPORT (VRS-6B): This form allows your physician to provide VRS with information about your condition. Give this form to your physician and ask that it be completed and submitted directly to VRS. The physician must also submit written diagnostic, objective findings to substantiate the diagnosis.

It is in your interest to choose an authorized medical professional that will cooperate with the VRS disability retirement process to the fullest. It is your physician's responsibility to do his or her best to fully document your illness so that the Medical Board understands how your illness impacts your job performance. The Medical Board will not evaluate you personally. Your physician's documentation may have an impact on whether or not your application is approved.

Note: You are responsible for your medical bills. Remember that VRS is not responsible for payment of fees to the physician for providing any medical information.

EMPLOYER INFORMATION FOR DISABILITY APPLICATION (VRS-6D): This form must be completed by your employer to provide VRS information about your position.

REQUEST FOR INCOME TAX WITHHOLDING (VRS-15): This form authorizes VRS to withhold taxes at a rate other than a rate for a married individual claiming three exemptions and zero exemptions for state taxes.

Part A: Enter your personal information.

Parts B/C: Choose one federal tax withholding option and one state tax withholding option. If you choose to withhold income taxes, enter the number of exemptions and any additional amount you want withheld.

AUTHORIZATION FOR DIRECT DEPOSIT OF MONTHLY BENEFIT (VRS-57): This form authorizes VRS to transfer funds electronically to your financial institution.

Boxes 1-4: Enter your personal information.

Boxes 5-7: Provide information about your financial institution.

Box 10: Tape a voided check in Box 10. VRS cannot accept hand-written account information.

Employer Responsibilities

APPLICATION FOR DISABILITY RETIREMENT (VRS-6): Complete Part E and verify the application has been completed in its entirety, signed and dated as required. (To avoid processing delays, print or type your information and ensure all items are completed.)

EMPLOYER INFORMATION FOR DISABILITY APPLICATION (VRS-6D): Complete this form to provide VRS information about the employee's position and job status.

Ensure the member has included the following forms with the Application for Disability Retirement (VRS-6):

- Explanation of Disability (VRS-6A)
- Physician's Report (VRS-6B), if it has been completed previously. This document may be forwarded directly from the physician to VRS.
- Request for Income Tax Withholding (VRS-15)
- Authorization for Direct Deposit of Monthly Benefit (VRS-57)

Review the birth certificate (and the survivor's birth certificate if applicable) to ensure it is readable.

Mail the *original* Application for Disability Retirement and all other required documents to VRS. A copy of the application cannot be processed. **NOTE:** VRS does recommend a copy of the application be faxed to VRS in case of life threatening illness.

18. SSN

PART B. PAYOUT OPTION SELECTION

19. Retirement Payout Options (Choose One)

- Basic Benefit
- Survivor Option with _____ % payable to my survivor

PART C. SURVIVOR INFORMATION

Complete Part C **ONLY** if you chose a Survivor Option in Part B.

20. Survivor's Name (First) (MI) (Last) (Jr./Sr.)			
21. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other		22. Survivor's Birth Date (mm/dd/yy)	
23. Survivor's SSN	24. Is your survivor a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Survivor's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PART D. CERTIFICATION

26. Member Certification

I hereby certify all information I provide in this document is true and I understand that any willful falsification of facts presented may result in prosecution as provided by law. I agree that, in the event that VRS pays retirement benefits in excess of those to which I am entitled, I or my estate will repay the excess to VRS. By signing this form, I hereby assign to VRS any VRS group life insurance benefits that may be payable as a result of my death to secure repayment of any such retirement benefit overpayment.

Member Signature _____ Date

27. Spouse Certification (Required if married or separated)

I have read and understand the retirement payout options available under VRS. I am aware of and understand the retirement payout option selected by my spouse in Part B and if my spouse chose a Survivor Option, the survivor benefits will be provided to the person named in Part C. Further, I am aware that counseling regarding the payout options is available.

Spouse's Signature _____ Date

Address (If different from member's address)

EXPLANATION OF DISABILITY

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

1. Name
2. Social Security Number

3. Address (Street) _____ (City) _____ (State) _____ (Zip+4) _____			
4. Home Phone Number ()	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth (mm/dd/yy)	
7. Employer		8. Job Title	
9. Dates of Employment Initial hire date _____ Date you began this job _____	10. Are you still working? <input type="checkbox"/> No - Enter date last worked _____ <input type="checkbox"/> Yes - Employer must complete Form VRS-6D		11. Date leave without pay began (mm/dd/yy)
12. Supervisor Information (Name and Phone Number)			

Very careful consideration should be given to the following section of your application. Fully describe the medical problem so that we can understand why you feel unable to continue your job.

13. In your own words, list all the job duties you are required to perform on a regular basis:
14. Which of your duties listed above can you NOT perform?
15. What illness or injury prevents you from working?
16. Number of days lost from work during last year due to this disability: _____ Explain:
17. In what way(s) has your doctor told you to restrict your activities?
18. Are your home duties, school activities or abilities to care for your personal needs limited in any way? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:

19. SSN

20. Have you ever been treated at a hospital or clinic for your disability? No Yes

Were you admitted to a hospital?

No Yes (If yes, attach discharge summary)

List the name, addresses, dates and reasons for hospitalizations or clinic visits and the types of treatment received concerning your disability so that records may be obtained if VRS needs them.

(Name of Hospital)	(Address)	(Dates)	(Reason)
Name of physician treating disability			Physician's Phone Number ()
Physician's Address (Street)		(City)	(State) (Zip)
Date you first saw physician	Date you last saw physician	How often do you see the physician?	

21. List the names and address of any other physicians that you have seen in the past year related to your disability:

(Name)	(Address)	(Reason for Visit)

22. Are you applying for retirement from a disability that is compensable under the Virginia Workers' Compensation Act?

No Yes (If yes, attach a copy of the accident report)

23. Have you received Workers' Compensation benefits?

No Yes (If yes, attach a copy of the decision/award notice)

24. Have you applied for Social Security disability benefits?

No Yes (If yes, attach a copy of the receipt/decision letter)

25. Certification

I hereby certify that all information I have given in this document is true and understand that any willful falsification of facts presented may result in a denial of my application for disability retirement and prosecution for a Class 1 misdemeanor as provided by law. I authorize any physician, agency or other organization to disclose any medical records or other information regarding my disability to the Board of Trustees and the Medical Review Board of the Virginia Retirement System. I also hereby authorize VRS to disclose any medical records or other information regarding my disability to any physician, agency or organization as may be required for my disability determination.

Member Signature

Date

PHYSICIAN'S REPORT

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. Name

The physician or other medical professional completes this form to describe the patient's illness(es) or condition(s) that may qualify the applicant for disability retirement. This information is used to make a decision about the applicant's disability retirement application.

Note: Review Part D to ensure all information supporting the diagnosis and treatment are submitted with this report.

PART A. DESCRIPTION OF DISABLING ILLNESS

3. List the physical functional limitations preventing the applicant from performing his or her usual work duties:

PART B. DIAGNOSIS AND TREATMENT

4. Indicate the diagnosis(es) and the onset date (for each), and whether each is causing or contributing to the disability:

<u>Diagnosis (Full diagnostic description)</u>	<u>Date of Onset</u>	<u>Causing or Contributing?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Date the patient became unable to work:

6. Date of patient's most recent visit (which must have been within the last 6 months):

7. Date of patient's first visit pertaining to this disability:

8. List the initial objective findings:

9. SSN

10. List all current medications:

<u>Medication</u>	<u>Dosage</u>	<u>Duration</u>	<u>Patient Compliance?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Description of any other treatment including therapy, patient compliance and response:

12. What improvement can be expected within one year of treatment?

13. Report any hospitalizations including special tests and or examinations for heart, vision and radiology:

14. Describe any surgical procedures performed on the patient including name, description of procedure, and response:

15. How has the patient's condition improved, remained unchanged, or worsened over the past year?

16. Do you consider the patient to be permanently disabled from performing his or her usual work duties?

Yes No

17. SSN

PART C. MEDICAL PROFESSIONAL INFORMATION

18. Name of Practice			
19. Medical Professional's Name	(First)	(MI)	(Last)
20. Mailing Address	(Street)	(City)	(State) (Zip+4)
21. Telephone Number			
22. Medical Professional Signature			
NOTE: Unless otherwise specified, the Virginia Retirement System will <i>not</i> assume any responsibility for payment of fees for furnishing the requested information.			
_____ Signature			_____ Date

PART D. DOCUMENTATION REQUIRED TO SUBSTANTIATE CLAIMS

If the disability application is based on any of the conditions listed in this section, the following documentation is *required* where pertinent to the disability. Place a check by the type of condition and by all attachments being submitted.

If the disability application is *not* based on any of the conditions listed in this section, the physician's responsibility remains to provide any documentation such as consultations, radiology reports, other reports, special tests, laboratory or diagnostic studies and support the diagnosis.

Musculo-Skeletal

- Report on any surgical treatment, including name of procedure and/or copy of operative note
- Current comprehensive Orthopedic examination
- Report on rheumatoid factor and sedimentation rate
- Report on uric acid relative to gouty arthritis
- Physical finding for all joints involved, including any deformities, tissue and bone destruction, range of motion and limitation of motion
- Current reports of radiology reports of involved joints

Cardiac

- EKG and echocardiograms
- Reports on exercise tolerance and stress
- Answers to the following questions: Is the patient able to climb one flight of steps or walk 200 yards on level ground? Do such activities bring on severe dyspnea and/or angina? Or what duration of physical activity can the patient tolerate?
- Location of edema
- Report of any other physical findings

Cancer

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Report on the stage of cancer | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Bone scans |
| <input type="checkbox"/> Oncology report | <input type="checkbox"/> Lab Results |

Respiratory

- Frequency, duration and severity of acute attacks of asthma, bronchitis, etc.
- Answer to the following question: Is the patient able to climb a flight of stairs or walk 100 yards without dyspnea?
- Frequency of emergency room visits or hospitalization each year
- Report of current pulmonary function studies, predicted and actual values with the results expressed in the CCs or liters and also in percent. Include the oxygen and carbon dioxide level of room air.

 Neurological

- Current comprehensive neurological examination dated within the last six months
- If the condition is a seizure disorder, give the frequency and severity of the seizures in the past year
- Report on current EEGs, CT scans, MRIs with dates
- Report on any of the following conditions which are present, indicating severity, distribution, and residual function in affected parts: Atrophy, paralysis, hemiplegia, impaired speech, tremors, gait, reflexes, and mental disturbances (including a report on cognitive ability)

 Psychiatric

- Psychiatric signs and symptoms
- Report of current psychiatric consultation to include disabling symptoms, diagnosis, treatment, and prognosis
- Number of appointments with psychiatrist, psychologist or medical social worker in the past two-year period and date of last appointment

 Diabetes

- Symptoms and complications
- History including onset date, length of treatment, and weight loss
- Current treatment, including insulin and medications
- Report on current blood sugars with date and/or A1C
- Report on current urinalysis with date

 Visual

- Report on visual acuity after best correction: R 20/_____ and L 20/_____
- Report of visual fields, including chart, if indicated
- Report on fundoscopic findings
- Description of ocular tension
- Description of therapy and prognosis
- Information about whether or not the patient drives an automobile

 Auditory-Vestibular

- MRI or CT reports
- Audiogram with respect to puretone, SRT, and speech discrimination
- If patient has hearing aids, indicate the aided thresholds with respect to SRT and speech discrimination
- If vertigo or Menieres disease:
 - Frequency, duration and severity of attacks
 - ENG report
 - Report on vestibular function and gait
 - Report of any medical and surgical treatment

 Digestive

- Report on symptoms and treatment
- Endoscopies, radiological reports, and special studies
- Complete report of current lower or upper GI series with date, if pertinent

 Fibromyalgia

- Report of any tender points
- A functional capacity evaluation for the patient's job
- Psychiatric report, if applicable

- Other** (Describe all documentation enclosed such as test results, consultation notes.)

REQUEST FOR ESTIMATE OF DISABILITY RETIREMENT BENEFITS

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

1. Employer Code

2. Social Security Number

Complete this form in its entirety to ensure that VRS has all information necessary to provide you an estimate.

MEMBER INFORMATION (Please print)

3. Name (First) (MI) (Last) (Jr./Sr.)			
4. Address (Street) (City) (State) (Zip+4)			
5. Home Phone Number ()	6. Daytime Phone Number ()	7. Date of Birth (mm/dd/yy)	
8. Anticipated Retirement Date (mm/01/yy) _____ / 01 / _____		9. Employment Termination Date (mm/dd/yy)	
10. This estimate is for: (Check One) <input type="checkbox"/> Disability not compensable under Virginia Workers' Compensation Act <input type="checkbox"/> Disability compensable under Virginia Workers' Compensation Act			
11. Have you applied for Social Security disability benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide a copy of the receipt from Social Security.)			
12. Amount of your Workers' Compensation Award (If known)			
13. Retirement Payout Options (Check the retirement options for which you would like an estimate.) <input type="checkbox"/> Basic Benefit <input type="checkbox"/> Survivor Option, with _____ payable to my survivor			

If you chose the Survivor Option in Box 13, complete Boxes 14-16.

14. Survivor's/Contingent Annuitant's Name (First) (MI) (Last) (Jr./Sr.)			
15. Survivor's/Contingent Annuitant's Date of Birth (mm/dd/yy)		16. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
17. Member Authorization _____ Signature _____ Date			



EMPLOYER INFORMATION FOR DISABILITY APPLICATION

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. Name

A human resources representative completes this form in consultation with the applicant's immediate supervisor. This information must not contain references to any type of medical condition. If the applicant is no longer working please provide information as of the most recent period of work. Please attach the job description in effect as of the applicant's last date of work.

The VRS Medical Board requires specific information about the applicant's job duties to make a determination of eligibility for disability retirement. This information will be considered in determining whether the applicant's disability is likely to be permanent; therefore, it is important that the form is filled out completely, signed and dated.

3. Is the employee performing all of the duties listed on the job description? Yes No

4. If not, which duties is the employee not performing, and why? (Please be specific)

5. What, if any, changes or modifications have been made to enable the employee to continue working?

6. If changes or modifications were made, were they temporary or permanent?

7. How has the employee's illness affected his or her job performance during the past year (or last year of active employment if no longer working)?

8. Human Resources Authorization

Authorized Signer (Please print)

Title

Signature

Phone Number

Date

Name of Immediate Supervisor

REQUEST FOR INCOME TAX WITHHOLDING

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 if: (1) You are a new retiree, or (2) you want to make a change to your income tax withholding. If a completed VRS-15 is not on file, VRS withholds federal income tax based on the rate for a married individual claiming three exemptions and state income tax based on the rate for zero exemptions. Refer to the back of this form to calculate exemptions.

PART A. RETIREE INFORMATION

3. Name	(First)	(MI)	(Last)	(Jr./Sr.)
4. Address	(Street)	(City)	(State)	(Zip+4)
5. Residency Status				
<input type="checkbox"/> US Citizen/Resident Alien	<input type="checkbox"/> Non-resident Alien (Marking this box certifies your status as non-resident alien and that you are not a U.S. citizen or resident alien.)			

PART B. FEDERAL INCOME TAX WITHHOLDING

Choose one option below. If you choose to have income tax withheld, provide your marital status and the number of exemptions.

Do not withhold federal income tax from my monthly benefit. I understand that I am liable for payment of federal income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If you are a U.S. Citizen or resident alien and your monthly benefit payments are delivered outside the U.S. or its possessions, you *must* have federal income tax withheld.)

Using the marital status and the exemptions below, calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15.

Marital Status: Married Single Number of Exemptions: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

PART C. STATE OF VIRGINIA INCOME TAX WITHHOLDING

Choose one option below. If you choose to have state income tax withheld, provide the number of exemptions of each type.

(You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

Do not withhold state income tax from my monthly benefit. I understand that I am liable for payment of state income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

Using the exemptions below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.

Personal Exemptions: _____ Age and Blindness Exemptions: _____ Total Exemptions: _____

If you wish an amount withheld in addition to the calculated tax, enter the additional amount to be withheld per month: \$ _____

Signature _____

Date _____



Completing Part B. Federal Income Tax Withholding

For detailed information about federal income tax withholding, refer to the Internal Revenue Service (IRS) web site at www.irs.gov to review the IRS Form W-4P. The "Personal Allowances Worksheet" from the W-4P is provided below for calculating exemptions for federal income tax purposes. Review the IRS Form W-4P for additional information about other worksheets that might apply.

- A** Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____
- B** Enter "1" if: a) You are single and have only one pension; or **B** _____
b) You are married, have only one pension and your spouse has no income subject to withholding; or
c) Your income from a second pension or a job, or your spouse's pension or wages (or the total of all), is \$1,000 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "0" if you are married and have either a spouse who has income subject to withholding or you have more than one source of income subject to withholding. (Entering "0" may help you avoid having too little tax withheld.) **C** _____
- D** Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return. **D** _____
- E** Enter "1" if you will file as **head of household** on your tax return. **E** _____
- F** **Child Tax Credit** (including additional child tax credit): If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child. If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child, plus "1" additional if you have for or more eligible children. **F** _____
- G** Add lines A through F for total Personal Exemptions. Enter this number in Part B if you choose to have federal income tax withheld. **Note:** This may be different than the number of exemptions you claim on your tax return. **G** _____

Completing Part C. State Income Tax Withholding

For detailed information about state income tax withholding, refer to the Virginia Department of Taxation web site at www.tax.virginia.gov to review the Virginia Form VA-4P. The "Personal Exemption Worksheet" from the VA-4P is provided below for calculating exemptions for state income tax purposes.

Calculate Personal Exemptions

- 1** Enter "1" for **yourself**. **1** _____
- 2** If you are married and your spouse is not claimed on his or her own certificate, enter "1". **2** _____
- 3** Enter the number of dependents you will claim on your state income tax return. (Do not include your spouse.) **3** _____
- 4** Add lines 1, 2, and 3 for total Personal Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **4** _____

Calculate Exemptions for Age and Blindness

- 5** Age: a) If you will be 65 or older on January 1, enter "1". **5a** _____
b) If you claimed an exemption on line 2 above and your spouse will be 65 or older on January 1, enter "1". **5b** _____
- 6** Blindness: a) If you are legally blind, enter "1". **6a** _____
b) If you claimed an exemption on line 2 above and your spouse is legally blind, enter "1". **6b** _____
- 7** Add lines 5a through 6b for total Age and Blindness Exemptions. Enter this number in Part C if you choose to have state income tax withheld. **7** _____

MORE INFORMATION

For more information about benefit eligibility and planning for retirement, see the *Handbook for Members*, the *Pre-Retirement Planning Guide* or the VRS Web site at www.varetire.org. VRS publications and forms are available on the VRS Web site. Most forms are fillable. Select the “fillable” version and complete it online, then print and sign it before submitting.





Virginia Retirement System

1200 East Main Street • P.O. Box 2500 • Richmond, Virginia 23218-2500
www.varetire.org • 1-888-VARETIR (1-888-827-3847) • TDD: 804-344-3190