

APPLICATION FOR CONTRIBUTION MAKE-UP

FOR HYBRID PLAN MEMBERS RETURNING FROM MILITARY LEAVE



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. Employer Code

Complete this form to make up any mandatory and voluntary contributions to your Hybrid Retirement Plan defined contribution component upon return from a leave of absence for military service that you were unable to make during the period of leave as found under the Uniformed Services Employment and Reemployment Rights Act (USERRA). To be eligible, you must not have been dishonorably discharged and returned to covered employment with a VRS-participating employer within one year of discharge. You have a period of up to three times the length of your service period, not to exceed five years, to make up your employee contributions. Attach a copy your DD-214 to this application before submitting it to your employer, who will certify your leave period in the VRS system. Your employer will then send this application to VRS.

PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and Zip+4)	
5. Home Phone Number	6. Daytime Phone Number

PART B. UNIFORMED SERVICE INFORMATION

Service Information:	
Uniformed service begin date (from DD-214):	_____ (mm/dd/yyyy)
Uniformed service end date (from DD-214):	_____ (mm/dd/yyyy)
Total number of months of uniformed service:	_____ months
Date returned to previous employment:	_____ (mm/dd/yyyy)
Annual salary for leave period of uniformed service: (Enter date range and salary for each, as applicable)	
From: _____ To: _____	\$ _____
From: _____ To: _____	\$ _____
From: _____ To: _____	\$ _____

PART C. SELECTIONS FOR CONTRIBUTION MAKE-UP

7. Percent of contributions to make-up: 1 % mandatory (required if making up voluntary contributions) + _____% voluntary contributions	8. Number of pay dates for make-up to occur	9. Make-up begin date
--	--	------------------------------



Social Security Number: _____

PART D. CONTRIBUTION CALCULATIONS (COMPLETED BY EMPLOYER)

Complete each item representing the mandatory, voluntary and required employer match by pay period/pay date:

	<u>Employee-Paid Contributions</u>	<u>Employer-Paid Contributions</u>
Make-Up Contributions:		
Mandatory Contributions:	_____ 1 _____ % \$ _____	(Payment expected at certification)
Voluntary/ Employer Matching Contributions:	_____ % \$ _____	_____ % \$ _____
Regular Contributions:		
Mandatory Contributions:	_____ 1 _____ % \$ _____	_____ 1 _____ % \$ _____
Voluntary/Employer Matching Contributions:	_____ % \$ _____	_____ % \$ _____
Total Contributions per Pay Date	\$ _____	\$ _____

PART E. MEMBER AUTHORIZATION

I have provided a copy of my DD-214 supporting the leave period listed above and acknowledge the amount of make-up contributions I will be making per the pay date schedule shown above in addition to my regular contributions during those pay periods. I understand that I cannot make changes to the make-up contribution decisions reflected above during the period I am making up those contributions.

Member Signature

Date

PART F. EMPLOYER AUTHORIZATION

The individual named above provided a DD-214 supporting the leave period listed above, meets the discharge criteria, and returned within one year of the end of the service period. The contribution information above is correct and make-up contributions will begin on the pay date identified above. If the member's make-up percentage is more than the 1 percent mandatory contributions, any matching employer funds will be provided to ICMA-RC.

Human Resources Authorization

Payroll Authorization

Printed Name and Title

Printed Name and Title

Signature

Signature

E-mail Address

E-mail Address

Phone

Date

Phone

Date

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CONTRIBUTION MAKE-UP

Member:

Complete your personal information and then complete Parts B, C and E.

Part B: Enter the leave period begin and end dates according to your DD-214. Enter the total period of months of service, which is the number of months between the start and end date of the leave plus the length of time between the end date and the date you returned to work.

Enter the date you returned to your previous employment.

Enter your annual salary for the leave period: This is the salary that would have been paid had you not been on Uniformed Service Leave. If the amount that would have been paid cannot be determined, use the average amount earned during the last 12 months prior to the beginning of the leave. If you would have received a raise during the leave period, you may break out your annual salary by data range. Your employer can assist you with this.

Part C: Percent of contributions to make-up: Enter the voluntary contribution percentage. To make up any voluntary contributions you are required to make up the 1 percent mandatory contribution. You may choose any voluntary percentage from 0.5 percent to 4 percent (in half-percent increments). **Note:** Your employer will provide the corresponding matching contributions on any voluntary contributions you make. Additionally, when your employer has certified your leave period, your employer will pay the 1 percent mandatory employer contribution.

Number of pay dates: Enter the number of pay dates over which you would like to make up the contributions. (You have a period of up to three times the length of your service period, not to exceed five years, to make up your employee contributions.)

Make-up Begin Date: Enter the pay date you would like the make-up contributions to begin. This is the first pay date that contributions will start being taken from your paycheck.

Part E: When you submit this application to your employer, include a copy of your DD-214 (Member 4 Copy). Once your employer has completed Part D, the contribution calculations, authorize your make-up application by signing and dating it.

You may restart your regular voluntary contributions to the defined contribution component of the Hybrid Retirement Plan by logging into your account at www.varetire.org (under the Defined Contribution Plans tab) or by calling 1-VRS-DCPlan1 (1-877-327-5261), select option 1.

Employer:

You must verify/update the data completed by member based on the DD214 and the member's record. By completing this form, you certify that the employee meets the USERRA return to work requirements to qualify for make-up contributions in the member's record. Complete and submit this form to VRS as soon as administratively possible to avoid being liable for any missed contributions expected by the member based on the information agreed to on the form.

The employer is required to make the corresponding employer match based on any voluntary contributions being made up by the member. These contributions must be sent to ICMA-RC each pay period.

Complete Part D to list the contributions attributed to each pay date. For each mandatory and voluntary contribution, identify the percentage and dollar amount associated to the employee's portion and employer's portion. Then include the total amount of contributions being paid by pay date. (Note: You must submit payment of the 1 percent mandatory employer contribution upon certification of the leave period.)

Upon completion of the make-up calculations, have the member sign the application. It also must be signed by both the human resources and payroll authorized employees. Send this application to VRS. (The DD-214 is retained for your records only.)

VRS will forward the completed and approved application to ICMA-RC.