EMPLOYER INFORMATION FOR DISABILITY APPLICATION

VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500 ◆ Richmond, VA 23218-2500
Toll-free 1-888-827-3847
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Clear Form

1. Social Security Number
2. Member 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 this disability application for a cause compensable under Workers' Compensation?	❑ Yes ❑ No
4.	Is the member receiving Workers' Compensation benefits? If no, and the member is applying for work-related disability, the member must submit a written explanation from the Workers' Compensation Commission explaining why he or she is not eligible for workers' compensation.	❑ Yes ❑ No
5.	Is this member still actively employed? If so, enter the member's date of termination (mm/dd/yyyy): _____	❑ Yes ❑ No
6.	Is the employee performing all of the duties listed on the job description?	❑ Yes ❑ No
7.	If not, which duties is the employee not performing, and why? (Please be specific)	
8.	What, if any, changes or modifications have been made to enable the employee to continue working?	

9. SSN

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

11. 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)?

12. Human Resources Authorization

Authorized Signer (Please print) | Title

Signature | Employer Name and 5-digit Employer Code

Immediate Supervisor Name | Phone Number | Date