

CERTIFICATION OF EMPLOYMENT FOR HEALTH INSURANCE CREDIT ELIGIBILITY



VIRGINIA RETIREMENT SYSTEM
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Toll-free 1-888-827-3847
Fax 804-786-9718
www.varetire.org

1. Social Security Number
2. Employer Code

PART A. RETIREE INFORMATION (Please print)

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

PART B. EMPLOYER CERTIFICATION OF EMPLOYMENT

I certify this person was employed in the following position(s) for the period reflected below. I certify the information below is true and accurate, and that any willful falsification of facts presented may result in prosecution for a Class I misdemeanor as provided by law.

- | | | |
|--|-----------------------------|--------------------------------|
| <input type="checkbox"/> General Registrar | From: _____ | Through: _____ |
| <input type="checkbox"/> Employee of General Registrar | From: _____ | Through: _____ |
| <input type="checkbox"/> Treasurer | From: _____ | Through: _____ |
| <input type="checkbox"/> Commissioner of Revenue | From: _____ | Through: _____ |
| <input type="checkbox"/> Clerk of Circuit Court | From: _____ | Through: _____ |
| <input type="checkbox"/> Attorney for the Commonwealth | From: _____ | Through: _____ |
| <input type="checkbox"/> Sheriff | From: _____ | Through: _____ |
| <input type="checkbox"/> Sheriff's Deputy | From: _____ | Through: _____ |
| <input type="checkbox"/> Employee of Local Social Services Board | From: _____ | Through: _____ |
| <input type="checkbox"/> Employee of _____
(Constitutional Officer) | From: _____
(mm/dd/yyyy) | Through: _____
(mm/dd/yyyy) |

Employer: The agency benefits administrator authorizes this form for all positions above *except* the "Employee of a Constitutional/Local Officer." If this box is checked, the constitutional officer to whom the employee reports authorizes this form.

Authorized Signer (Please print) Title

Authorized Signature Phone Number Date



INSTRUCTIONS FOR COMPLETING THE CERTIFICATION OF EMPLOYMENT FOR HEALTH INSURANCE CREDIT ELIGIBILITY

Employers complete this form only if the employee's service in myVRS Navigator does not accurately reflect the employee's time as a constitutional officer, an employee of a constitutional officer, an employee of a local social services board, as a general registrar or an employee of a general registrar.

To notify VRS of the employee's service in one of the positions noted above, complete Parts A and B of this form to certify the retiree's eligibility for the health insurance credit. Retirees with 15 years of total service credit in the Virginia Retirement System (VRS) as a constitutional officer, an employee of a constitutional officer, an employee of a local social services board, as a general registrar or an employee of a general registrar, are eligible for the health insurance credit.

All positions held under one employer code may be certified on the same form. (If the retiree has service with more than one employer, the retiree must have each employer submit a separate certification.) After processing the VRS-76 form(s), VRS will notify the retiree of his or her eligibility for the health insurance credit.

Retirees must notify VRS of health insurance premiums upon initial retirement by completing the Request for Health Insurance Credit (VRS-45) available at varetire.org/forms. Once receiving a monthly benefit payment, retirees can report health insurance premium increases or decreases online at myVRS.varetire.org. Keeping this information current ensures retirees receive the proper credit amount and are not at risk for receiving an overpayment, which would require them to reimburse VRS.

Part A. Retiree Information

Boxes 1-5: Enter the retiree's personal information.

Part B. Employer Certification of Employment

The employer checks each position the retiree held and enters the time period the retiree was in each position. (Enter the dates in mm/dd/yyyy format.)

The employer reads and completes the certification and provide all necessary information. **Note:** If the retiree was an employee of a constitutional officer, the constitutional officer must provide the authorized signature, rather than the employing agency's benefits administrator. All other positions, including constitutional officers, may be authorized by the benefits administrator.