EMPLOYER CERTIFICATION OF INVOLUNTARY SEPARATION UNDER THE WORKFORCE TRANSITION ACT



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

3. Employer Name

State employees who are involuntarily separated may be eligible for severance benefits under the Workforce Transition Act (WTA). To be eligible, the member who is involuntarily separated must be a full-time employee and vested at the time of separation. If the member entered VRS service before July 1, 2010, he or she must be at least age 50 with at least five years of service. If the member entered VRS service on or after July 1, 2010, he or she must be at least age 60 (or age 50 if a member of SPORS or VaLORS) with five years of service. Additionally, the member must meet minimum retirement eligibility requirements once the WTA credit is applied.

The following employees are *not* eligible: employees terminated for job performance or cause, members of JRS, officers elected by popular vote, and employees whose positions are grant funded unless the funding source agrees to assume all financial responsibility.

This form is completed by the employer at the time of the involuntary separation if the employee elects enhanced VRS retirement rather than severance payments. **Submit this form to VRS along with the Application for Service Retirement (VRS-5).** The agency head or Human Resources officer must complete the Employer's Certification. This form will be retained with the member's VRS records and processed with the retirement application for an immediate retirement. Any future employment in a covered position with a VRS-participating employer will nullify the benefits provided by the WTA.

PART A. EMPLOYEE INFORMATION

4. Nam	e (First, Middle Initial, Last)	(First, Middle Initial, Last)				
5. Posi	tion Terminated	6	. Date of Involuntary Separation			

PART B. EMPLOYER CERTIFICATION

I hereby certify the following:

- This employee has been involuntarily separated and is eligible in accordance with the <u>Code of Virginia</u> for benefits provided under the WTA.
- The separation is not related to job performance or misconduct of the employee.
- The WTA credit is accurate.

I further understand that the agency must transfer, within 12 months, an amount equal to 15 percent of the employee's salary for each year of WTA credit; or if the member returns to covered employment within 12 months, the agency must transfer the lesser of 15 percent of the employee's salary for each year of WTA credit or the amount of retirement benefits received by the member.

7. Employer's Signature		Date
8. Title	9. Phone Number	

Complete the worksheet on the next page before submitting both the form and the worksheet to VRS.



INVOLUNTARY RETIREMENT EMPLOYER'S RETIREMENT CREDIT WORKSHEET

1. Employee Name		2. Date of Retirement	3. Social Security Number					
 4. Annual Salary (Base full-time pay at time of separation/reportable to VRS) \$ 		loyee's base full-time annual salary not including any additional receive for additional wage or part-time employment divided by 52.)						
6. Determine Value of Enhanced Retireme	Ť							
Years of Continuous State Service (Base	Years of Continuous State Service (Based on separation date, rounded up)							
Note: Continuous state service is computed from the last employment or reemployment date into a classified position, including approved leaves without pay and periods of short- term disability and long-term working disability under the Virginia Sickness and Disability Program (VSDP).								
2 years or less 4 weeks pay: 4	x \$ (weekly rate)	= \$						
or 3 - 9 years 4 weeks pay: 4	x \$ (weekly rate)	= \$						
+ 1 week pay for eve	ery year over 2							
# weeks:	x \$(weekly rate)	= \$	= \$					
or 10 - 14 years 12 weeks pay: 12	x \$ (weekly rate)	= \$						
+ 2 weeks pay for ev	very year over 9							
# weeks:	x \$ (weekly rate)	= \$	= \$					
or 15 years or more 2 weeks pay for ev	very year, not to exceed pa	yment of 36 weeks	^					
# weeks:	x \$ (weekly rate)	= \$	= \$					
Employer Portion of Health Insurance Premiums (12 months) Credit Note: Only applies if covered under a DHRM-administered health insurance plan. The state portion of the total premium should be used; do not use the employee portion of the premium. Use appropriate coverage rates to determine 12 months of coverage from date of separation.								
Formula: 12 x \$	(current monthly premium)		= \$(Health Insurance Credit)					
(Health Insurance Credit)								
Life Insurance Premiums (12 months) Credit Note: The life insurance premium rate must be included in the WTA retirement credit calculation to determine the value of the life insurance benefit even if a premium holiday is in effect and no premiums are being paid. Use the premium rate that would be in effect had there not been a premium holiday.								
Formula: Premium rate x \$ (Premium represents employer and		al salary)	= \$(Life Insurance Credit)					
15% of Annual Salary (from above)		т	OTAL \$(1)					
Formula: .15 x \$ (annual sa	alarv)		= \$(2)					
Divide (1) by (2) to equal # of years to be credited to years of service and/or age (rounded up to the next higher year)								
Formula: \$(1) ÷ \$	(2) = (years)	YEAF	RS CREDIT:(3) (rounded up)					
7. Total Employer Cost to Be Paid to VRS: Years Credit:(3) x \$(2) = \$(2) = \$(3) x \$(2) = \$(3) x \$								
8. Employer's Signature Date 9. Phone Number								