

# APPLICATION FOR DISABILITY RETIREMENT



**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. Check One <input type="checkbox"/> Original Application <input type="checkbox"/> Revised Application

## PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and Zip+4)	
5. Are you a Virginia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married or Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced – Date of Divorce _____ <span style="float: right;">(mm/dd/yyyy)</span>	
8. Home Phone Number	9. Daytime Phone Number
10. Birth Date (mm/dd/yy)	11. Retirement Date (mm/01/yy)
12. Are you in the process of purchasing prior service or have you purchased prior service credit in the past? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
13. Will you be purchasing service credit with a sick leave payment? ( <i>Irrevocable option</i> ) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
14. Is your disability application for a cause compensable under the Workers' Compensation Act? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> (If yes, attach a copy of the accident report)	
15. Have you received Workers' Compensation benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of the decision/award notice)	
16. Have you applied for Social Security disability benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach a copy of the receipt/decision letter)	
17. Have you previously applied for disability retirement? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, date applied: _____	
18. Will you be terminating all full-time employment with employers participating in VRS as of the earlier of your retirement date or upon approval of your disability retirement? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> ( <i>See instructions for more information</i> )	
19. Will you be terminating all part-time employment with the employer from which you are retiring as of the earlier of your retirement date or upon approval of your disability retirement? ( <i>See instructions for more information</i> ) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>	



20. SSN

**PART B. PAYOUT OPTION SELECTION**

**21. 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. Your survivor is the person to whom your monthly retirement benefit will continue upon your death. (This is different than naming a beneficiary, which you do on the VRS-2.)

**22. Survivor's Name** (First, Middle Initial, Last)

**23. Relationship**

- Spouse
- Other

**24. Survivor's Birth Date** (mm/dd/yy)

**25. Survivor's SSN**

**26. Is your survivor a U.S. Citizen?**

- Yes
- No

**27. Survivor's Gender**

- Male
- Female

**PART D. CERTIFICATION**

**28. 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

**29. 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)

**PART E. EMPLOYER CERTIFICATION** (Include a copy of the member's formal job description with this application.)

<b>1. Member Name</b>	<b>2. Member Social Security Number</b>
<b>3. Member covered under:</b> (Check One) <input type="checkbox"/> VRS <input type="checkbox"/> SPORS <input type="checkbox"/> JRS <input type="checkbox"/> VRS with Enhanced Benefits for Hazardous Duty Positions <input type="checkbox"/> VaLORS	
<b>4. If applicable, select job name for member who may be eligible for the state health insurance credit:</b> <input type="checkbox"/> Elected constitutional officer (Treasurer, Commissioner of Revenue, Clerk of Circuit Court, Commonwealth's Attorney, Sheriff) or an employee of an elected constitutional officer <input type="checkbox"/> General registrar or employee of a general registrar <input type="checkbox"/> Local social service board employee	
<b>5. If applicable, select one for member covered by hazardous duty provisions:</b> <input type="checkbox"/> Sworn officer of a regional jail <input type="checkbox"/> Disabled member in a non-hazardous position who retains benefits under the VRS with Enhanced Benefits <input type="checkbox"/> A uniformed officer in a hazardous duty position. This information is needed in order to comply with IRS requirements regarding maximum benefits (IRC 415 limits). <b>Position held:</b> _____ <b>From:</b> _____ <b>To:</b> _____	
<b>6. Is this disability application for a cause compensable under Workers' Compensation?</b> <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
<b>7. Is the member receiving Workers' Compensation benefits?</b> <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> 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.	
<b>8. Last month the member's creditable compensation will be reported to VRS (mm/yyyy):</b>	
<b>9. Last monthly creditable compensation amount to be reported to VRS for retirement:</b> \$ _____ NOTE: For educational employees, break down the amount to show the regular monthly creditable compensation and any pay up. (Monthly: \$ _____ + Pay-up: \$ _____ = Total of \$ _____)	
<b>10. Last retirement contribution to be submitted (representing only 5 percent of #8 above):</b> \$ _____	
<b>11. Last annual salary rate (reported for group life insurance purposes):</b> \$ _____	
<b>12. Date last annual salary rate became effective (mm/dd/yyyy):</b> _____	
<b>13. Is the member currently on leave of absence without pay?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date leave began: _____ <b>Is the leave of absence for active military duty?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. (State employees only) Is this member currently on leave share?</b> <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> If no, do you anticipate the member will be on leave share in the future? <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
<b>15. Is this member still actively employed?</b> <span style="float:right"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> Enter the member's date of termination (mm/dd/yyyy): _____ Complete the VRS-6D based on the work the member most recently performed and submit the form with this application.	
<b>16. Employer Name and Address</b> (Please print or type)	<b>17. Employer Code</b>
<b>18. Authorized Human Resources Signature</b> _____ <b>Date</b> _____	<b>19. Authorized Payroll Signature</b> _____ <b>Date</b> _____
<b>20. Contact Information</b> (Print the contact information for the person to whom VRS should direct questions regarding this application.) Name _____ E-mail Address _____ Phone Number _____	

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DISABILITY RETIREMENT AND ASSOCIATED DOCUMENTS

Please read the disability retirement information in your *Handbook for Members* before completing this application. You may obtain this handbook from your benefits administrator or view it on the VRS Web site ([www.varetire.org](http://www.varetire.org)). Use *myVRS* on the VRS Web site to estimate your VRS benefits before applying for retirement.

### *When submitting your application:*

- Include a readable copy of your birth certificate. If your birth certificate does not include your full given name and birth date, you must provide other legal documentation. Your application *cannot* be processed without this document.
- Include a readable copy of your survivor's birth certificate if you chose a survivor option. If your survivor's birth certificate does not include a full given name and birth date, provide other legal documentation.
- 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.
- Complete and submit the Authorization for Direct Deposit of Monthly Benefit (VRS-57) and the Request for Income Tax Withholding (VRS-15). Processing of your retirement application is delayed if the VRS-57 is not completed and submitted with your application.

It is important to provide all required documents at the time of application. If all required documents are not received, VRS is unable to submit your file to the Medical Review Board. This will delay a determination in your disability case and may affect when your first benefit payment is made.

### *Considerations:*

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 in order 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. If you return to work in a full-time position with any employer participating in VRS, your monthly retirement benefit must cease. You once again become an active VRS member.

If you plan to return to work in a part-time position with any employer participating in VRS:

- The duties of your new position cannot be similar to the duties of the position from which you retired, and
- Your employer must comply with Internal Revenue Service (IRS) rules about in-service distributions. For your employer to be in compliance, you must terminate all full-time and part-time employment with your current employer before you receive your benefit payment. In addition, you must incur a break in service of at least one full calendar month before returning to part-time employment in a position not covered by VRS with your current employer. This break must occur during a normal work period.

**Note:** State agencies are considered one employer. Retired state employees may return to work in part-time positions with other state agencies after a full calendar month break in service during a normal work period.

## **Completing the Application for Disability Retirement**

Complete Parts A through D

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

### **Part A. Member Information**

Boxes 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). If you leave this box blank, VRS will coordinate with your employer to arrange for the first possible retirement date.

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, be sure your employer has completed the on-line certification for your accumulated sick leave using *myVRS Navigator*. This option is irrevocable and cannot be reversed.

Boxes 18-19: 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. Choose yes or no as appropriate, or choose "N/A" in box 16 if you have not been working in a part-time position and do not plan to do so prior to your date of retirement.

### **Part B. Payout Option**

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

### **Part C. Survivor Information**

Complete Part C *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 28: Sign and date the application.

If you are unable to sign the application and you selected the Survivor Option in Part B, 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 29: 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. You will enter information about yourself, about your employment and about your medical conditions and any treatments you have completed.

**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):** The 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. You will enter your personal information and you will choose one federal income tax withholding option and one state option. You will enter the number of exemptions and any additional information you want withheld.

Note: Submit this form when applying for non-work related disability retirement. If you are applying for work-related disability retirement, you will be asked to submit this form if you will receive the VRS formula amount. This form is not required if you will receive the work-related guaranteed benefit, which is tax exempt.

**Authorization for Direct Deposit of Monthly Benefit (VRS-57):** This form authorizes VRS to transfer funds electronically to your financial institution. You will enter information about yourself and the account to which you will transfer funds. You will also tape a voided check to this form as VRS cannot accept hand-written account information.

**Note:** If you have fraud control or protection measures on the account that will receive your VRS benefit payment, you may want to check with your financial institution before VRS sends your first payment to be sure it is not rejected.

## 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.)

Box 4: For members in a political subdivision, select the job name for the last position held if listed. Members in these positions may be eligible for the state's health insurance credit.

Box 5: If the member is covered by hazardous duty provisions, check the applicable box.

Boxes 8-15: This information is used to project creditable compensation received up to the effective date of retirement. If there is a change in this information, submit a Change to Certification (VRS-49) to update the information on this form. Using *myVRS Navigator*, you must also correct any payroll reported error that resulted from changes in these items or in the creditable compensation used to calculate the average final compensation. To avoid an erroneous payment to the retiree, submit changes to VRS immediately.

**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.

**Note:** VRS recommends a copy of the application be faxed to VRS in the case of life threatening illness.