

# CERTIFICATION OF ELIGIBILITY TO PARTICIPATE IN VIRGINIA SUPPLEMENTAL RETIREMENT PLAN

**Defined Contributions Plan Administrator**  
**VIRGINIA RETIREMENT SYSTEM**  
 P.O. Box 2500  
 Richmond, Virginia 23218-2500  
 Toll Free 1-888-VARETIR (827-3847)  
 www.varetire.org

1. Employer Code
2. Social Security Number

This form is completed and submitted to the Virginia Retirement System to certify the employee's eligibility to participate in the Virginia Supplemental Retirement Plan (VSRP). Part A is completed by the school division to provide information about the employee, who must be named in the resolution to receive VSRP benefits.

Part B is completed by the Virginia Department of Education. The completed form is submitted to the Plan Administrator at the address shown above.

## PART A. EMPLOYEE INFORMATION

<b>3. Name</b> (First)	(MI)	(Last)	(Jr./Sr.)
<b>4. Address</b> (Street)	(City)		(State) (Zip+4)
<b>5. Home Phone Number</b>	<b>6. Daytime Phone Number</b>		
<b>7. Position Start Date</b>	<b>8. Position End Date</b>		
<b>9. School Division Authorization</b>			
_____ School Division Representative (Please print)		_____ Title	
_____ School Division Representative Signature		_____ Date	

## PART B. CERTIFICATION

As the authorized signer for the Virginia Department of Education, I hereby certify that the person named above is eligible under Code of Virginia §51.1-617-618 to participate in the Virginia Supplemental Retirement Plan. The person is employed in a position designated in Sections F & G of Code of Virginia § 22.1-199.1.

_____ Authorized Signer (Please print)	_____ Title
_____ Authorized Signature	_____ Date

For Internal Use Only	
To Record Keeper	Reviewed by

