

COLLEGE AND UNIVERSITY FACULTY OPT-OUT

VIRGINIA SICKNESS AND DISABILITY PROGRAM



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

1. Social Security Number
2. Employer Code

Complete this form if you wish to opt out of the Virginia Sickness and Disability Program (VSDP). If you have been newly hired or appointed to your position and you selected the Virginia Retirement System as your retirement plan, you have 60 days from the time you start your new duties to opt out of the VSDP plan if you prefer to be covered by a disability plan sponsored by your employer.

Submit your completed form to your Human Resources department for certification. Your employer will forward the form to VRS.

PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and Zip+4)	
5. Home Phone Number	6. Daytime Phone Number
I hereby elect to opt out of the Commonwealth of Virginia Sickness and Disability Program (VSDP) and have chosen to be covered by the employer-sponsored plan in which I am eligible to participate. I understand this election is irrevocable.	
Member Signature	Date

PART B. EMPLOYER CERTIFICATION

7. Member's first date of employment (mm/dd/yyyy)	
8. Employer Certification I certify that this VRS member is covered by an employer-sponsored plan.	
Authorized Signature	Date

{99VSDP2}

