

CHANGE TO CERTIFICATION FOR RETIREMENT

VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500
 Richmond, Virginia 23218-2500
 Phone 804/649-8059 Fax 804/786-9718
 Toll Free 1/888/VARETIR (827-3847)
 www.varetire.org

1. Employer Code
2. Employer Name
3. Social Security Number

TO BE COMPLETED BY THE EMPLOYER

4. Type of Retirement (Choose one) <input type="checkbox"/> Service <input type="checkbox"/> Disability			
5. Name (First)	(MI)	(Last)	(Jr./Sr.)
6. Check all that apply. (Provide any information that is different from the information included on the original retirement application.) <input type="checkbox"/> Periods of the member's service with you and with any other employers covered by the Virginia Retirement Acts. (Attach additional sheets as necessary.) _____ _____ _____ <input type="checkbox"/> Effective date of retirement has changed to: _____ (mm/dd/yyyy) <input type="checkbox"/> Last monthly payroll for which salary will be reported to VRS is: _____ (mm/dd/yyyy) <input type="checkbox"/> Last monthly amount to be reported to VRS for retirement will be: \$ _____ NOTE: For educational employees, this amount should include withheld wages and/or contract payoff if any is to be reported. <input type="checkbox"/> Last retirement contribution submitted will be: \$ _____ This should represent 5% of the last monthly salary amount. <input type="checkbox"/> Last annual salary rate for this member is: \$ _____ <input type="checkbox"/> Date last annual salary rate became effective: _____ (mm/dd/yyyy) <input type="checkbox"/> Member is currently on leave of absence without pay.			
7. Personnel Authorization _____ Signature _____ _____ Phone Number Date		8. Payroll Authorization _____ Signature _____ _____ Phone Number Date	
9. Contact Information Provide a contact to whom VRS may direct questions about the changes shown above. (Please print) _____ Name E-mail Address Phone Number			

