# VRS New Member Enrollment Form

**Banner ID (930#)** | **SSN** | **Date**
--- | --- | ---

**Last Name** | **First Name** | **Middle Name**
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**Address (Work or Home)** | **City, State & Zip** | **Telephone Number**
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**Sex** | **Male** | **Female** | **Date of Birth** | **Employment Date**
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## Employee Statement of Certification

1. Are you hired as a police officer with the William & Mary Police Department?  
   - [ ] Yes  
   - [ ] No

2. Were you previously employed in a VRS-covered position and did not take a refund of your contributions?*  
   - [ ] Yes  
   - [ ] No

*If you checked yes to the Question #2, you must provide one of the following:

- If you were a member of VRS, submit a copy of your current Account Summary page from myVRS showing your member contribution account balance.
- If you were an ORP plan participant, submit a copy of the most recent quarter's statement or a current online statement showing the balance in your account. Depending on your ORP participation, this statement may be from one of the following: TIAA-CREF, Fidelity Investments, VALIC, T. Rowe Price, Great West, Metlife or ING.

Please complete VRS Beneficiary (VR-2) form to designate beneficiaries for your retirement and life insurance.

**Signature**  
**Date**

## Employer Statement of Certification  

**For Office Use Only**

**Membership Date:**

<table>
<thead>
<tr>
<th>Retirement</th>
<th>Group Life</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Codes Assigned (Check One)</strong></td>
<td></td>
</tr>
<tr>
<td>[ ] VR2 Plan 1</td>
<td>[ ] VR2 Plan 2</td>
</tr>
</tbody>
</table>

I certify the statements made herein are true and accurate, as disclosed by the records of this office, and that the Social Security Number is correct as entered.

**Employer Representative Signature**  
**Date**

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