

VRS New Member Enrollment Form

Biographical and Address Information

Last Name		First Name		Middle Name	
Banner ID		Social Security Number (SSN)		Date of Birth (month / day / year)	
		- -		/ /	
Sex		Employment Date		Phone Number	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	/ /		() -	
Mailing Address Street		City		State and Zip Code	

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

Employee Statement of Certification

I have elected to participate in the Virginia Retirement System (VRS) as noted above.

Have you been employed **prior to July 1, 2010** in a position covered by the Virginia Retirement System or a Virginia Optional Retirement Plan (ORP)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you checked "Yes", 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 a member of ORP**, submit a copy of the most recent quarter's statement or a current online statement showing the balance in your account.

Signature	Date
	/ /

Employer Statement of Certification

	Retirement	Group Life
Membership Date	/ /	/ /

Plan Codes (check one)	<input type="checkbox"/> VR2 VALORS	<input type="checkbox"/> VR2 Plan 1	<input type="checkbox"/> VR2 Plan 2	<input type="checkbox"/> Hybrid
-------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	---------------------------------

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	Title	Date
		/ /