

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 |
| | | |