

REQUEST FOR MEMBER INFORMATION CHANGE

VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500
 Richmond, Virginia 23218-2500
 Toll Free 1-888-VARETIR (827-3847)
 Fax 804-692-0989
 www.varetire.org

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

Employers complete this form to change a member's name, Social Security number, date of birth, or retirement coverage. A copy of the member's Social Security card and the member's signature is required for Social Security number changes.

PART A. MEMBER INFORMATION

4. Name	(First)	(MI)	(Last)	(Jr./Sr.)
5. Change Selections (Complete all that apply)				
<input type="checkbox"/> Name:	Enter previous name _____			
<input type="checkbox"/> Birth Date:	Enter correct birth date _____			
<input type="checkbox"/> Social Security Number:	Enter previous SSN _____			
Member Authorization of SSN Change: _____				Member Signature and Date

PART B. COVERAGE CHANGES

<p>ADD Coverage</p> <p>The employee is eligible for coverage: (Check one)</p> <p><input type="checkbox"/> VRS with Enhanced Benefits for Hazardous Duty Positions</p> <p><input type="checkbox"/> FIRE/EMT</p> <p><input type="checkbox"/> Sheriff or Regional Jail Superintendent</p> <p>As of: _____ (Effective Date mm/yyyy)</p> <p>The employee is eligible for Health Insurance Credit Coverage and is employed in the following position:</p> <p><input type="checkbox"/> Constitutional Officer</p> <p><input type="checkbox"/> Sheriff's Employee/Employee of Constitutional Officer</p> <p><input type="checkbox"/> Local Social Service Employee</p> <p><input type="checkbox"/> General Registrar</p> <p><input type="checkbox"/> Employee of General Registrar</p> <p>As of: _____ (Effective Date mm/yyyy)</p>	<p>DROP Coverage (Do not complete this section for members terminating employment.)</p> <p>The employee is no longer eligible for coverage: (Check one)</p> <p><input type="checkbox"/> VRS with Enhanced Benefits for Hazardous Duty Positions</p> <p><input type="checkbox"/> FIRE/EMT</p> <p><input type="checkbox"/> Sheriff or Regional Jail Superintendent</p> <p><input type="checkbox"/> Optional Retirement Plan</p> <p>As of: _____ (Effective Date mm/yyyy)</p> <p>The employee is no longer eligible for Health Insurance Credit Coverage and is no longer employed in the following position:</p> <p><input type="checkbox"/> Constitutional Officer</p> <p><input type="checkbox"/> Sheriff's Employee/Employee of Constitutional Officer</p> <p><input type="checkbox"/> Local Social Service Employee</p> <p><input type="checkbox"/> General Registrar</p> <p><input type="checkbox"/> Employee of General Registrar</p> <p>As of: _____ (Effective Date mm/yyyy)</p>
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PART C. EMPLOYER CERTIFICATION

I hereby certify that the information as stated above is correct and that the member identified above is aware of the changes being reported to VRS.	
Authorized Signature _____	Date _____

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR MEMBER INFORMATION CHANGE

The Request for Member Information Change (VRS-48) is used for name changes, corrections to birth date or Social Security numbers (SSN), and coverage changes. This form must be submitted to VRS with, or prior to, the monthly report on which the change is first reported.

PART A. MEMBER INFORMATION

Complete Part A to report member demographic changes or to correct the member's Social Security number. Check the appropriate box(es) and provide the corrected information.

When correcting a Social Security number, enter the SSN previously reported to VRS and include a legible copy of the member's Social Security card showing the correct SSN. Social Security number changes require the member's signature and date.

PART B. COVERAGE CHANGES

Complete Part B to notify VRS when coverage is being added or dropped for the member, or if the member is eligible for the health insurance credit benefit.

Step 1: Check the appropriate box for the coverage change.

Step 2: Enter the effective date of change in coverage.

If the member is provided hazardous duty coverage, check the appropriate box:

- VRS with Enhanced Benefits for Hazardous Duty Positions, which includes sworn law enforcement officers, sheriffs deputies and superintendents, and officers of a regional jail farm, regional jail or jail authority;
- FIRE/EMT, which includes full-time salaried firefighters or full-time salaried emergency medical technicians; or
- Sheriff or Regional Jail Superintendent.

Note: VRS reviews the employer coverage and adds the coverage for the health insurance credit as appropriate. For instance, VRS will also apply the coverage for the health insurance credit to any member who is in the Sheriff's position.

If the member transfers to a position eligible to choose coverage under an Optional Retirement Plan (ORP), the coverage can only be changed when the appropriate ORP election form is submitted.

To add coverage for the health insurance credit to a person who has become eligible and is employed in one of the specified positions, check the appropriate position from the list of position types:

- Constitutional Officer, which includes Treasurers, Commissioners of Revenue, Clerks of Circuit Court, or the Commonwealth's Attorney
- Sheriff's Employee/Employee of Constitutional Officer
- Local Social Services Employee
- General Registrar
- Employee of General Registrar

If the employee is in one of the positions listed, the health insurance credit coverage is provided through the Commonwealth. In this case, you must check the position being held by the member.

PART C. EMPLOYER CERTIFICATION

Sign and date the form before submitting to VRS. It is the employer's responsibility to make the member identified on the form aware of the changes that are being reported to VRS.