

# VIRGINIA RETIREMENT SYSTEM

## NEW MEMBER ENROLLMENT FORM

**PLEASE READ THE INFORMATION BELOW PRIOR TO COMPLETION OF THIS FORM.  
WHEN COMPLETING THIS FORM, PLEASE TYPE OR PRINT.**

1. Types of Beneficiaries:
  - A. **Primary**— Person to receive the death benefits payable upon the death of the member.
  - B. **Contingent**— Person to receive the death benefits payable upon the death of the member *if the primary beneficiary dies before the member.*
2. If you name your wife, husband, minor child, mother or father as a primary beneficiary for your retirement contributions, and you die while in service, that person may receive a monthly benefit or elect a refund of all of your contributions. If death is work related, a monthly benefit will be paid to the widow, widower, minor children, mother or father. All benefits are governed by and subject to the Virginia Retirement Act (Title 51-1, Code of Virginia).
3. The beneficiary(ies) designated to receive the death benefits payable under the Basic Group Life Insurance plan upon your death will also receive any death benefits payable under the Optional Group Life Insurance plan upon your death. If you wish, you may name a different beneficiary(ies) of your retirement contributions. If you are covered under both the life insurance program(s) and the retirement program, complete both sections of the "Coverage Data" even if you are naming the same beneficiary(ies) for both types of benefits.
4. The form cannot be used to designate a beneficiary for your spouse and children's coverage under the Optional Group Life Insurance Plan since you are the beneficiary of those benefits.
5. If you name multiple primary beneficiaries, the proceeds will be split equally, unless otherwise instructed on the form.
6. If your primary beneficiary(ies) dies before you do and you have not named a contingent beneficiary, the proceeds will be paid to your estate.
7. Use given names such as "Mary L. Doe," not "Mrs. John Doe."
8. If death occurs and a **minor** (child less than 18 years of age) is named as beneficiary, a guardian must be appointed by the court before benefits can be paid.
9. If death occurs and an **estate** is named as beneficiary, an administrator or an executor must be appointed by the court before benefits can be paid.
10. If you name a **trust** as beneficiary, list the name of the trustee and the date that the trust agreement was completed. A copy of the trust agreement must be submitted with the death claim.
11. Be sure that the form is filled out completely. Your signature must be notarized. The form is not valid if it is not completed and notarized.
12. After you have completed the form, review your designations to determine that they meet your wishes for future payments.
13. If you wish to name more beneficiaries than can be listed on this form, a continuation form is available from VRS or your employer. Continuation forms must be filed with the New Member Enrollment Form to be valid.
14. For your protection, forms that have been altered cannot be accepted. If you make an error when completing this form, either complete a new form or initial the information that has been changed.

# NEW MEMBER ENROLLMENT FORM

**Virginia Retirement System**  
**Membership Accounting**  
**P.O. Box 2500**  
**Richmond, Virginia 23218-2500**  
**804/649-8059**  
**Toll Free 1/800/510-8668 FAX: 804/786-1541**

1. Employer Code (5 digits)
2. Employer Name

<b>3. Social Security Number</b>	<b>4. Name</b> (First) (Mi) (Last) (Jr./Sr.)			
<b>5. Address</b> (Street)				
(City)		(State)		(Zip)
<b>6. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>7. Age</b>	<b>8. Birth Date</b> (Mo.) (Day) (Yr.)	<b>9. Employment Date</b> (Mo.) (Day) (Yr.)	
<b>10. If previous VRS Member:</b> Prior employer _____ Employed from _____ (Date) to _____ (Date) Refund Received <input type="checkbox"/> Yes <input type="checkbox"/> No				

### COVERAGE DATA

11. Retirement	12. Group Life Insurance
Membership Date _____ (Mo.) (Day) (Yr.) If not eligible, check one: <input type="checkbox"/> Rejected coverage (over age 65) <input type="checkbox"/> Rejected coverage when agency first joined retirement system <input type="checkbox"/> Agency not covered Member chose Optional Plan: <input type="checkbox"/> Optional Retirement Plan (Universities and Colleges only) Effective: _____ (Mo.) (Day) (Yr.) <input type="checkbox"/> FERS (VPI & SU and VSU only) Effective: _____ (Mo.) (Day) (Yr.)	Membership Date _____ (Mo.) (Day) (Yr.) If not eligible, check one: <input type="checkbox"/> Member waived coverage when agency first joined Group Life Insurance Program <input type="checkbox"/> Agency not covered <input type="checkbox"/> HCP (VCU/MCV Hospital and UVA Hospital)
<b>13. If your agency provides special benefits, check if member is:</b> <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Sheriff <input type="checkbox"/> Local Elected Official/Staff <input type="checkbox"/> VaLORS	

### STATEMENT OF CERTIFICATION (TO BE SIGNED ONLY IF OPTIONAL RETIREMENT PLAN SELECTED)

**14. I have elected optional retirement coverage as noted above.**

Member's Signature
(Date)

### TO BE SIGNED BY THE EMPLOYER'S REPRESENTATIVE

**15. I certify that I believe 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. If this form was not completed by the employee, I certify that a copy of the form was given to the employee for the purpose of obtaining a beneficiary designation.**

Employer's Certifying Official
(Date)

Title
(Date)

Form verified: _____	Date _____
Continuation form received: _____	Date _____
Form not acceptable: _____	Date _____
System released: _____	Date _____



**BENEFICIARY DESIGNATION FOR VRS BASIC AND OPTIONAL GROUP LIFE INSURANCE PROCEEDS**

I do hereby revoke all previous designations of primary and contingent beneficiaries, if any, and do hereby designate the following as beneficiaries of the proceeds of the Basic and Optional Group Life and Accidental Death and Dismemberment Insurance Policies administered by the VRS if I am covered under those policies:

<b>1. Primary Beneficiary</b> First Name      M.I.      Last Name      Jr./Sr.	<b>2. Social Security No.</b>	<b>3. Birthdate</b> Mo.      Day      Yr.
<b>4. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		
<b>5. Primary Beneficiary</b> First Name      M.I.      Last Name      Jr./Sr.	<b>6. Social Security No.</b>	<b>7. Birthdate</b> Mo.      Day      Yr.
<b>8. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		
<b>9. Contingent Beneficiary</b> —Person to receive benefit if primary beneficiary(ies) is not living First Name      M.I.      Last Name      Jr./Sr.	<b>10. Social Security No.</b>	<b>11. Birthdate</b> Mo.      Day      Yr.
<b>12. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		

**BENEFICIARY DESIGNATION FOR ACCUMULATED VRS RETIREMENT CONTRIBUTIONS**

I do hereby revoke all previous designations of primary and contingent beneficiaries, if any, and do hereby designate the following as beneficiary of the accumulated retirement contributions to my credit in the retirement system, in the event of my death.

<b>13. Primary Beneficiary</b> First Name      M.I.      Last Name      Jr./Sr.	<b>14. Social Security No.</b>	<b>15. Birthdate</b> Mo.      Day      Yr.
<b>16. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		
<b>17. Primary Beneficiary</b> First Name      M.I.      Last Name      Jr./Sr.	<b>18. Social Security No.</b>	<b>19. Birthdate</b> Mo.      Day      Yr.
<b>20. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		
<b>21. Contingent Beneficiary</b> —Person to receive benefit if primary beneficiary(ies) is not living First Name      M.I.      Last Name      Jr./Sr.	<b>22. Social Security No.</b>	<b>23. Birthdate</b> Mo.      Day      Yr.
<b>24. Relationship to Member</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Trustee under trust agreement dated _____ <input type="checkbox"/> Other		

**Note: If you do not designate a beneficiary for VRS Group Life Insurance and/or retirement contributions, the proceeds due to be paid to the survivor(s) will be paid in accordance with the "Order of Precedence" specified in title 51.1 of the Code of Virginia.**

I hereby direct that should I survive the above-named beneficiary(ies), any amount(s) which otherwise would have been payable to such beneficiary(ies) shall be paid to my estate or to such other beneficiary(ies) as I shall hereafter designate by written designation filed with the Board of Trustees in accordance with its procedures. The right to change the beneficiary(ies) designated without the consent of said beneficiary(ies) is reserved. (Persons holding a Power of Attorney, Guardianship, or acting as Trustee may not make or change a designation unless specifically authorized to do so by court action.)

**25. Member's Signature** \_\_\_\_\_

**26. Continuation form attached**  

**27. Date**  
 Mo.      Day      Year  
 \_\_\_\_\_

**28. THE FOLLOWING CERTIFICATE MUST BE EXECUTED BY A NOTARY PUBLIC OR OTHER COURT OFFICIAL AUTHORIZED TO TAKE ACKNOWLEDGMENTS. THIS FORM IS NOT VALID UNLESS PROPERLY NOTARIZED.**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_  
 Mo.      Day      Yr.

The individual whose name is signed to the foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires \_\_\_\_\_

Signature \_\_\_\_\_