

CERTIFICATION OF ELIGIBILITY TO PARTICIPATE IN OPTIONAL RETIREMENT PLAN FOR SCHOOL SUPERINTENDENTS

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

1. Employer Code
2. Social Security Number

If the School Board makes this Plan available, complete this form at the time a new superintendent is hired and becomes eligible to participate in the Optional Retirement Plan for School Superintendents (ORPSS). Mail the form to VRS Member Services at the address shown above.

VRS Member Services will send the appropriate plan information and required forms to the superintendent's home address. The superintendent must complete the forms, which include the ORPSS election form (VRS-71), the Plan enrollment form and the beneficiary designation form. These forms must be sent to VRS by the due date indicated on the election form (VRS-71), which is usually 30 days from the date the election materials are mailed to the superintendent.

Note: Superintendents who move from an ORPSS-eligible position to another may once again choose to be covered under either VRS or ORPSS. The election of ORPSS must be made within the timeframe specified above; otherwise, the superintendent will be covered by the VRS Defined Benefit Plan.

PART A. EMPLOYEE INFORMATION

3. Name (First) (MI) (Last) (Jr./Sr.)		
4. Address (Street) (City) (State) (Zip+4)		
5. Home Phone Number	6. Daytime Phone Number	7. Appointment Date

PART B. CERTIFICATION

I hereby certify that the above-named employee is eligible under Code of Virginia §51.1-126.6 to participate in the Optional Retirement Plan for School Superintendents because the person is employed in a position designated in Code of Virginia §22.1-60.

_____	_____
School Board Representative (Please print)	Title
_____	_____
School Board Representative Signature	Date