

VRS Defined Contribution Plans
Commonwealth of Virginia 457 Deferred Compensation Plan
APPLICATION FOR UNIFORMED SERVICE LEAVE
MAKE-UP AND PAYROLL AUTHORIZATION FORM

INSTRUCTIONS

GENERAL INFORMATION

A separate application must be completed for each period of Uniformed Service Leave for which you wish to make-up contributions to the 457 Plan.

Upon return from a leave of absence for military service, complete this form to make up contributions to your Commonwealth of Virginia 457 Deferred Compensation Plan (457 Plan) that you were unable to make during the period of leave as found under the Uniformed Services Employment and Reemployment Rights Act (USERRA). To be eligible, you must not have been dishonorably discharged and returned to covered employment with a VRS-participating employer within one year of discharge. You have a period of up to three times the length of your service period, not to exceed five years, to make up your employee contributions.

UNIFORMED SERVICE MAKE-UP CALCULATION

1. The Uniformed Service begin date is the date indicated on the DD-214 when Uniformed Service began.
2. The Uniformed Service Separation date is the separation date indicated on the DD-214.
3. The date you returned to previous employment is the date you returned to your job with the employer that offers the Plan. From this date, you have a period of three times the length of the Uniformed Service or five years, whichever is less, to makeup the contributions.
4. Length of Service includes the amount of time between the beginning and separation date on the DD-214 plus the length of time between the separation date and the date you returned to work (all the time between the date in field 1 and the date in field 3).
5. Enter the contributions made from Executive Order 44 active military supplement or supplement paid by your employer if not a State employee. Contributions made from an active military supplement count toward your annual contribution limit for the year in which they were contributed.
6. The date that eligibility to make-up contributions will end. This date is three times the length of the Uniformed Service Leave beginning with the date of return to employment, not to exceed five years.
7. Enter the salary that would have been paid had you not been on Uniformed Service Leave. If the amount that would have been paid cannot be determined, use the average amount earned during the last 12 months prior to the beginning of the leave. Your employer can assist you with this.
8. The pay date the make-up contributions will begin is the "Effective Pay Date" on page 2 on which you have requested the make-up contributions to begin.
9. This is the number of pay dates you will be making USERRA make-up contributions.
10. The number of make-up contributions per pay date and the amount of each is detailed here for a total make-up contribution per pay date shown in block 11.
11. This is the amount of each pay dates contribution that is attributed to uniformed service make-up.
12. Indicate the per pay period amount of your regular contributions for the current year.
13. Indicate the total contribution per pay date.

EMPLOYEE'S RESPONSIBILITIES

You must sign and date this completed application and submit a copy along with a copy of your DD-214 (Member 4 Copy) to be certified by both your HR/Benefits Administrator and Payroll Officer. Your employer HR representative can provide your employee number if one is used by your employer.

NOTE: You must update your contribution amount online or by phone to include both your regular contribution amount and make-up contribution amount, as calculated on the form below.

EMPLOYER RESPONSIBILITIES

An HR/Benefits Administrator and Payroll Officer must verify the date they received the application and verify the data contained therein by signing and dating the form prior to forwarding to VRS. The employer must retain a copy of the application and shall act upon the participant's instructions in this application with regards to contribution amounts. If applicable, the employer will make the employer cash match due based on the make-up contributions.

- Upon receipt of this signed application, the employer must manually process the new contribution amount and begin sending 457 Plan contributions as directed by the employee as soon as administratively possible.
- Failure by the employer to follow the participant's direction causes the employer to be liable for the missed contributions.

Upon review, VRS will forward a signed review form validating the information provided on the application to both employer representatives. The employer should not wait for the VRS review to implement the participant's directions. VRS will also forward a copy of the application and review form to Voya Financial Retirement for imaging.



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GENERAL INFORMATION (please print clearly using black or blue ink)

NAME: SOCIAL SECURITY NUMBER: (last 4 digits only)
ADDRESS: APT:
CITY: STATE: ZIP CODE:
EMAIL: DATE OF BIRTH:
EMPLOYEE NUMBER: WORK PHONE NUMBER: ANNUAL SALARY: \$
EMPLOYER: EMPLOYER NUMBER: WORK LOCATION:

UNIFORMED SERVICE MAKE-UP CONTRIBUTION

USERRA Qualification
1. Uniformed Service Begin date (DD-214)
2. Uniformed Service Separation date (DD-214)
3. Date Returned to previous employment
4. Length of Uniformed Service + length of time before returning to previous employer
5. 457 Plan contributions made during period of leave, if any
6. Date eligibility for USERRA make-up ends
7. Annual Salary for each year of uniformed service
NOTE: You may include in your length of service the time between your discharge dates and the date you returned to employment.
Make-Up Contributions
8. Pay date make-up contributions will begin
9. Number of pay dates make-up contributions will be made
10. Make-up contributions per pay date
11. Total amount each pay date's contribution attributed to make-up
12. Amount of regular contribution per pay date
13. Total contribution amount per pay date

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USERRA MAKE-UP PAYROLL INFORMATION

Effective on ____/____/____ pay date, the amount of my regular 457 contribution will be \$ _____ (per pay date) and my make-up 457 contribution(s) will be \$ _____ (per pay date) representing _____ make-up contributions, for a total contribution of \$ _____ (per pay date).

PARTICIPANT SIGNATURE _____ **DATE** _____

1. Upon completion, give this application and a copy of your DD-214 (Member 4 copy) to your employer representative as outlined below.
2. To update your contribution amount to include your regular and make-up contributions, you must log in to your 457 Plan Account at dcp.varetire.org (under the *Defined Contribution Plans* tab) or call VRS-DC PLAN (877-671-3146) and select option 1.

EMPLOYER REPRESENTATIVES

	HR/BENEFITS ADMINISTRATOR	PAYROLL OFFICER
Date Completed Application Received	____/____/____	____/____/____
Name & Title (printed)		
Phone Number	(____)____-____	(____)____-____
Fax Number	(____)____-____	(____)____-____
Email Address		
Signature		

By signing this document you are certifying the employee met the USERRA return to work requirements to qualify to make - up contributions to the 457 Plan. Additionally, if the employee is salaried your signature confirms they will also receive the employer cash match on their make-up contributions. Employers must start the make-up contributions on the effective date shown on this form or the next pay date if the payroll in question has already been certified.

NOTICE: Virginia Cash Match Plan – Upon returning to employment, any salaried employee making USERRA make-up contributions, is entitled to matching contributions under the terms of the Virginia Cash Match Plan and your adoption agreement, if applicable, in place at the time the uniformed service leave occurred.

Please mail or fax completed form to:

VIRGINIA RETIREMENT SYSTEM

ATTN: DC Plans

P.O. Box 2500

Richmond, Virginia 23218-2500

OR Fax to DC Plans at 804-371-1881

AUTHORIZATION - FOR VRS USE ONLY

Request Approved: Yes No

Authorized Signature: _____ DATE ____/____/____

Printed Name: _____ Title: _____