

# EMERGENCY DISPATCHER DISABILITY OPT-OUT VIRGINIA LOCAL DISABILITY PROGRAM



**VIRGINIA RETIREMENT SYSTEM**  
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500  
Phone 888-824-3847  
Fax 804-786-9718  
[varetire.org](http://varetire.org)

1. Social Security Number
2. Employer Code

Complete this form if you wish to opt out of the Virginia Local Disability Program. If you are a VRS Plan 1 or Plan 2 member of a political subdivision employed in any capacity on June 30, 2025, and as an emergency dispatcher on July 1, 2025, you have until March 31, 2026, to opt out of VLDP if you prefer to remain under the disability retirement program set out in § 51.1-156 through § 51.1-160 of the *Code of Virginia*.

Submit your completed form to your Human Resources department for certification. Your employer will forward the form to VRS.

## PART A. MEMBER INFORMATION

3. Name (First, Middle Initial, Last)	
4. Address (Street, City, State and Zip+4)	
5. Phone Number	6. Email Address
I hereby elect to opt out of the Virginia Local Disability Program and choose to remain a participant of the disability retirement program. I understand this election is irrevocable.	
Member Signature	Date

## PART B. EMPLOYER CERTIFICATION

7. Member's first date of employment as an emergency dispatcher (mm/dd/yyyy)	
8. Employer Certification I certify that this VRS member was employed with a VRS-participating employer on June 30, 2025 and July 1, 2025, and they were a full-time emergency dispatcher per the <i>Code of Virginia</i> § 56-484.16:1 on July 1, 2025.	
Authorized Signature	Date

