

Sickness and Disability Plan Election Form

Please complete this election form **only** if you have selected a retirement plan within Virginia Retirement System (VRS). VRS retirement plans include VRS Plan 1, Plan 2, or Hybrid.

This form must be submitted to University Human Resources (AskHR@wm.edu) **within 60 days of when you are first employed in an ORP-eligible position**. Your election on this form notifies UHR of your choice to be covered by either the William & Mary Sickness and Disability Plan or by the Commonwealth of Virginia Sickness and Disability Program (VSDP).

Program Election (select one plan only)

I wish to participate in the *Commonwealth of Virginia Sickness and Disability Program (VSDP)*.

I wish to participate in the *William & Mary Sickness and Disability Plan* offered by the university. You must also complete and submit to University HR the **VSDP-2 College and University Opt-Out Form** found on VRS's website at www.varetire.org/forms/.

Employee Certification

I understand that my election is **irrevocable**.

Name

Banner ID Number

Date