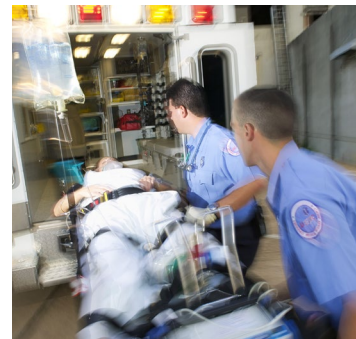


COMMONWEALTH OF VIRGINIA

Volunteer Firefighters' and Rescue Squad Workers' Service Award Program (VOLSAP)



PROCEDURES GUIDE



COMMONWEALTH OF VIRGINIA

Volunteer Firefighters’ and Rescue Squad Workers’ Service Award Program (VOLSAP)

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The information contained in this document is governed by Title 51.1 of the *Code of Virginia*. This information is intended to be general. It cannot be complete in all details and cannot supersede or restrict the authority granted by the *Code of Virginia*, which may be amended from time to time. Participation in VOLSAP does not entitle a member to any other benefits administered by the Virginia Retirement System.

Introduction

This Volunteer Firefighters' and Rescue Squad Workers' Service Award Program (VOLSAP) was created by state statute, specifically §§ 51.1-1200 – 51.1-1211 of the *Code of Virginia*. A 10-member governing board oversees the operation of the program. The director of the Virginia Retirement System (VRS) serves as chairman of the board.

The Governor of Virginia appoints six members to the board, each of whom serves for a six-year term. Three of the gubernatorial appointees must be named from a list of nominees provided by the Virginia State Firefighters Association. The remaining three gubernatorial appointees must be named from a list of nominees provided by the Virginia Association of Volunteer Rescue Squads.

Three state legislators also serve on the board. The Speaker of the House of Delegates appoints two members of the House of Delegates, and the Senate Committee on Rules appoints one member of the Senate. All legislative appointees serve for a term coincident with their respective terms of office.

The board adopts policies and procedures and has authority to contract for administrative services related to the service awards provided to program members and designate authority for the administration of those service awards.

To be effective, this program relies on volunteer fire department and emergency medical squad members, especially those who are assigned to process the paperwork associated with the fund. The goal is to make this service award program available to all eligible members in Virginia.

Limited resources were available when this program was implemented in January 2001 and the General Assembly did not allocate funds for its administration or to supplement members' contributions.

Eligibility is determined by the *Code of Virginia* but certified at the local level by individual volunteer fire departments and emergency medical squads (departments/squads). The applicant must be a member of a bona fide department or squad and must be actively engaged in performing firefighting and prevention services or emergency medical and ambulance services, or he/she may be serving as a dispatcher or in certain other positions that do not require actual response to an emergency scene. In any event, the member must be essential to the performance of fire and rescue services. For example, individuals who service equipment used in firefighting and/or rescue efforts are eligible for membership. However, auxiliary members and individuals engaged strictly in fundraising are not eligible.

Ensuring accuracy of information and record-keeping is the responsibility of members and department/squad VOLSAP representatives. According to § 51.1-1211 of the *Code of Virginia*, "*Any person who knowingly makes any false statements or falsifies or permits the falsification of any record related to eligibility for membership in the fund in any attempt to defraud the fund shall be guilty of a Class 1 misdemeanor.*"

VOLSAP Board of Directors

Patricia S. Bishop, *Chair*

Director, Virginia Retirement System, Richmond, Virginia

Term: Ex officio

Kenneth J. Brown, *Vice Chair*

Goochland, Virginia

Term Expires: June 30, 2026

The Honorable Christie New Craig, *Senate Appointee*

19th Senate District

Term Expires: Coincident with term of office

The Honorable Robert D. Orrock Sr., *House of Delegates Appointee*

66th House District

Term Expires: Coincident with term of office

The Honorable Joshua E. Thomas, *House of Delegates Appointee*

21st House District

Term Expires: Coincident with term of office

Evangeline Cuyno Boers, *Gubernatorial Appointee*

Sterling, Virginia

Term Expires: June 30, 2030

Steve A. Grayson, *Gubernatorial Appointee*

Madison, Virginia

Term Expires: June 30, 2026

Richard W. Harris, *Gubernatorial Appointee*

Kenbridge, Virginia

Term Expires: June 30, 2024

Ralph E. Rhodes, *Gubernatorial Appointee*

Henrico, Virginia

Term Expires: June 30, 2026

Michael A. Vaughan, *Gubernatorial Appointee*

South Hill, Virginia

Term Expires: June 30, 2028

Questions concerning the operation and administration of the program should be directed to:

VRS

volsap@varetire.org

VOLSAP Plan Administrator

USI

Toll-free: 844-749-1819

volsap@usi.com

Regular and Overnight Mail:

Principal Custody Solutions/VOLSAP

510 N. Valley Mills Dr., Suite 400

Waco, TX 76710

About the VOLSAP Procedures Guide

This guide is designed to aid the assigned representative in the various departments and squads with processing paperwork associated with participation in this service award program.

The following forms are associated with the Fund:

- VOLSAP-1: Application for Membership
- VOLSAP-2: Members' Funds Transmittal Report
- VOLSAP-3: Application to Purchase Prior Service
- VOLSAP-4: Beneficiary Election Change Form
- VOLSAP-5: Notice of Contribution Suspension (To Resume at a Future Date)
- VOLSAP-6: Distribution Election Form

NOTE: If you have questions or need assistance with the completion of the enclosed forms, please call the VOLSAP Plan Administrator, USI, at 844-749-1819, or email volsap@usi.com.

Schedule for Submitting Forms

When submitting forms to the VOLSAP Plan Administrator, refer to the chart below for due dates and the timing for investment of member contributions.

Quarter	Due to VOLSAP Plan Administrator	Funds Invested (all checks and forms)
January-March	February 28	Five business days after the end of the quarter
April-June	May 31	Five business days after the end of the quarter
July-September	August 31	Five business days after the end of the quarter
October-December	November 30	Five business days after the end of the quarter

If the due date falls on a Friday holiday or a Saturday, the forms and checks are due the day before scheduled due date. If the due date falls on a Sunday or a Monday holiday, they are due the Friday before the scheduled due date. All forms and checks should be transmitted in one batch per quarter. If they are received in the department/squad early in the quarter, do not submit them until immediately before the due date or until all forms have been collected.

NOTE: Distribution Election Form (VOLSAP-6) must be submitted by June 10 before the end of the plan year on June 30, to guarantee distribution in the same calendar year.

VOLSAP-1: Application for Membership

Use this form to enroll members in the program and to reinstate a member who has previously suspended contributions.

Part A. Member Information. This section contains personal information about the applicant.

The applicant should read the information under the Beneficiary heading carefully. If the member prefers to name a beneficiary other than as outlined in this section, he/she checks the box beside Beneficiary Election Change Form (VOLSAP-4), completes that form and submits it with his/her Application for Membership (VOLSAP-1).

Part B. Member Certification. If this is the initial enrollment, the applicant checks the first box. (This form also is used when a member is reinstated after suspending contributions.) The contribution amount is set at \$30, \$60, or \$90 per quarter.

Please note the important information regarding purchase of prior service and the effect of becoming six months delinquent. If interested in purchasing prior service, the member must complete the Application to Purchase Prior Service (VOLSAP-3) and submit it with the membership form.

The member submits the signed and dated form with the first contribution check to the department/squad representative.

Part C. Department/Squad Certification. The department/squad representative completes this section and verifies that the applicant is a current member of the department/squad and is eligible to become a member of the program. The representative sends this form (one for each new member); the Members' Funds Transmittal Report (VOLSAP-2), enclosing a department/squad check for the total of all contributions; any Beneficiary Election Change Forms (VOLSAP-4); and any Applications to Purchase Prior Service (VOLSAP-3) that have been filed with the VOLSAP Plan Administrator at the address on the forms.

NOTE: A separate department/squad check should be written for the purchase of prior service, and this amount should not be in the total on the Members' Funds Transmittal Report (VOLSAP-2).



APPLICATION FOR MEMBERSHIP

COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION

2. Name (First, Middle Initial, Last)		
3. Address (Street, City, State and ZIP+4)		
4. Social Security Number	5. Date of Birth	6. Phone Number
7. Department/Squad Information <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____ Date Service Began with this Department: _____		

Beneficiary: Unless otherwise indicated on VOLSAP Form 4, the beneficiary shall be the member's spouse. If none, the member's living children equally; if there are no children, the member's heirs-at-law as may be determined by the VOLSAP Board, or the member's estate, if it is administered and there are no heirs, or such other beneficiary(ies) as the member may name on a form prepared by the board, signed by the member and filed in a manner prescribed by the board.

Check here if Beneficiary Election Change Form (VOLSAP-4) is attached.

PART B. MEMBER CERTIFICATION (Check appropriate box)

- Initial enrollment in the VOLSAP Fund. (Requires completed membership application and quarterly contribution.)
- Prior member applying to rejoin. (Requires completed membership application and quarterly contribution. An administrative fee of \$25 will be deducted from the member's account.)
- Prior member in good standing who notified the board of discontinuance of contributions, applying to rejoin. (Requires completed membership application and quarterly contribution; no administrative fees deducted.)

Important: Membership is effective on the date this application and contribution are received in good order by the Plan Administrator. Funds are invested within five days of the end of the quarter. If credit for any prior service with a department is desired, the Application to Purchase Prior Service (VOLSAP-3) must be completed. Contributions must be kept current. Members who become six months delinquent will forfeit their membership.

Member Signature

Date

PART C. DEPARTMENT/SQUAD CERTIFICATION

I certify the above-named applicant is a current member of the department/squad named above and is eligible to become a member of the VOLSAP Fund.

Authorized Signer's Printed Name

Date

Authorized Signer's Title

Phone Number

Authorized Signature

Send completed form and contributions to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com

VOLSAP-2: Members' Funds Transmittal Report

This form is completed by the department/squad representative and accompanies the enrollment forms and the department/squad check representing the contributions for all members of that department/squad.

This form provides the VOLSAP Plan Administrator a list of members' names and the allocation of contribution amounts to be credited to their accounts.

Part A. Enter the name of the department/squad and its location/county.

For the Initial enrollment, the first box remains blank (no changes since last transmittal).

The next box, moving from top to bottom, is for changes in membership and should be checked when there are new members since the previous report was submitted or if someone has been deleted. Should there be deletions (suspensions or if someone leaves the department/squad), please list these names and Social Security numbers in the spaces provided. Continue to a second page if necessary.

Moving to the next column of boxes, the first box should be checked if new members have been added since the last transmittal and a check should also be placed for each new member in the "check if new" column in the Member Information table. The next box in this column, moving from top to bottom, is for changes in contribution amounts. This would be checked if, at some point in the future, department/squads or localities were to make an additional contribution for members, or if general funds were appropriated.

Working across the Member Information table, enter each member's name and Social Security number and, if it is a new member, place a check in the "check if new" column. Enter \$30, \$60, or \$90 in the member contribution column (unless the contribution will be paid by another source, department, or squad). Remember the department/squad may make the contribution on behalf of the member, but only if it makes the same contribution for all members in the organization. Use the columns for locality contributions if the department or squad is making contributions for their volunteers.

In the last column, total the amounts allocated for each member across from his/her name. If you have more members than space allows, continue on another page. If you are using more than one page, enter a subtotal on the line indicated in the Report Totals section. Directly below the subtotal is a line for you to enter the total amount of funds transmitted with this report. One department or squad check must be issued for the total of all member contributions. Personal checks are not accepted.

Please indicate the total number of pages by filling in the "Page ____ of ____" line in the middle of each page.

Part B. This section is for department/squad certification. The representative prints his/her name, signs and dates the form, and prints his/her title and daytime telephone number, completing the report.



MEMBERS' FUNDS TRANSMITTAL REPORT COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER REPORT (PLEASE PRINT)

Transmittal Information	
Department/Squad Name: _____	Location/County: _____
Check the appropriate box: <input type="checkbox"/> No changes since last transmittal <input type="checkbox"/> New members since last transmittal (checked below)	
<input type="checkbox"/> Change(s) in membership <input type="checkbox"/> Change(s) in contribution amount(s)	

Member Information						
Name	Social Security Number	✓ if new	Member Contribution	Locality (Other) Contribution	General Fund Contribution	Total Contribution

Deletions from Membership		
Name	Social Security Number	

Page ____ of ____

(Attach additional pages if required.)

Report Totals	Subtotal (if additional pages are attached): \$ _____
	Total funds transmitted with this report: \$ _____

PART B. DEPARTMENT/SQUAD CERTIFICATION

I certify the information above is correct and that the members of the designated Department/Squad are eligible to participate in the VOLSAP Fund.

Authorized Signer's Printed Name	Date
Authorized Signer's Title	Phone Number
Authorized Signature	

Send completed form and one check to:
(Must be a department or squad check)

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com

VOLSAP-3: Application to Purchase Prior Service

A member with eligible service prior to the effective date of membership may purchase prior service upon certification of the department or squad. The member may purchase up to 10 years of prior service, but may only purchase one year of service credit for every two years of prior volunteer service. Each year of service credit purchased costs \$120. Service must be purchased in yearly increments *only* and may be purchased during any quarter on an ongoing basis. Service credit is not affected by transferring between departments or squads, provided that the member gives notice to the board or its designee.

Part A. The member completes this section, which requests personal information similar to that in Part A of the Application for Membership (VOLSAP-1).

This section requests information pertaining to prior service. The member is asked for the name of the department/squad in which he/she served during the period of prior service he/she is requesting to purchase. Next, the member is asked the location/county in which the department/squad was located, then length of service, from x year through x year, and finally for total length of service in that department/squad by inserting the total number of years and months served.

If the member does not want to purchase credit for all prior service, he/she indicates the amount of time he/she does wish to purchase in yearly increments only in the blank provided in the last two lines in Part A. *The applicant must insert the total number of years he/she wishes to purchase on the last line in Part A.*

The applicant gives the completed application and a check for the proper amount to the department or squad representative for processing.

Part B. This section is for department/squad certification. The representative indicates the amount of the cost to purchase prior service (\$120 per year for each year purchased).

The representative then prints his/her name, signs the form certifying that the information is true and correct and that the applicant is eligible to purchase prior service as requested. The representative inserts the current date, his/her title and daytime telephone number and sends the form and department/squad check to the VOLSAP Plan Administrator.



APPLICATION TO PURCHASE PRIOR SERVICE COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION AND CERTIFICATION

2. Name (First, Middle Initial, Last)																								
3. Address (Street, City, State and ZIP+4)																								
4. Social Security Number		5. Date of Birth		6. Phone Number																				
7. Currently a Member of Department/Squad <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____																								
8. Prior Service Information																								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;"><u>Department/Squad Name</u></th><th style="text-align: left;"><u>Location/County</u></th><th style="text-align: left;"><u>From Year</u></th><th style="text-align: left;"><u>To Year</u></th><th style="text-align: left;"><u>Total Years</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>					<u>Department/Squad Name</u>	<u>Location/County</u>	<u>From Year</u>	<u>To Year</u>	<u>Total Years</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Department/Squad Name</u>	<u>Location/County</u>	<u>From Year</u>	<u>To Year</u>	<u>Total Years</u>																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
If you prefer to purchase only a portion of the years reflected above, how many years do you wish to purchase? _____yrs																								
I hereby certify the information above is true to the best of my knowledge.																								
_____			_____																					
Member Signature			Date																					

PART B. DEPARTMENT/SQUAD CERTIFICATION

I certify the information above for the named applicant is true and correct. He or she is eligible to purchase prior service in the number of years indicated above at a cost of \$ _____ (\$120 per year for each year purchased).	
A Department or Squad check payable to VOLSAP accompanies this form.	
_____	_____
Authorized Signer's Printed Name	Date
_____	_____
Authorized Signer's Title	Phone Number

Authorized Signature	

Send completed form to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com

VOLSAP-4: Beneficiary Election Change Form

NOTE: If the beneficiary language in Part I of the Application for Membership (VOLSAP-1) meets the member's needs, do not file this change form.

Part A. Completed by the member.

Part B. Completed by the member. This section names the primary beneficiary. The member may designate more than one primary beneficiary.

For example, if the member names two beneficiaries, he/she must designate the percentage of the value of the account to be paid to each beneficiary. Beneficiary number one could receive 60% of the member's account value and beneficiary number two receive 40%; or each could receive 50%, or any number of combinations. Be sure that the percentage total (the last line of Part B) equals 100%.

Part C. Completed by the member. This section is for designating one or more contingent beneficiaries in the event of the death of the primary beneficiary. Contingent beneficiaries only receive benefits in the event there is no primary beneficiary. In other words, if there were two primary beneficiaries and one predeceased the member and no one was named to replace that beneficiary, upon the death of the member the full account value would be paid to the one remaining primary beneficiary.

Provide the same information for contingent as for primary beneficiaries, and the percentages in Part C must add to 100%.

The request cannot be implemented unless the percentage totals referenced above are correct in Part B and Part C.

This form does not require the department/squad representative's certification, but the representative should forward the form to the VOLSAP Plan Administrator.



ELECTION OF BENEFICIARY

COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

Use this form to select one or more beneficiaries of each type (primary and contingent). The percent of share(s) must total to 100 percent for the beneficiary(ies) listed in Part B. If you designate contingent beneficiaries, the percent of share(s) must also total to 100 percent. You may copy this form to name additional beneficiaries; enter the total number of pages being submitted at the bottom of the form, even if only 1 page is being submitted.

Note: If the beneficiary language in Part A of the VOLSAP Application for Membership (VOLSAP-1) meets your needs, you do not need to complete or submit this change form.

PART A. MEMBER INFORMATION

1. Name (First, Middle Initial, Last)		
2. Social Security Number	3. Type of Election <input type="checkbox"/> Initial <input type="checkbox"/> Change	4. Department/Squad Name

PART B. PRIMARY BENEFICIARIES

Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share

Note: In the event of the death of one or more primary beneficiaries, with no new primary beneficiary(ies) being named, the share designated for the deceased primary beneficiary(ies) shall be divided equally between the surviving primary beneficiary(ies) or pass 100 percent to the one surviving primary beneficiary. If there is only one primary beneficiary who dies and no new primary is named, the benefit will be allocated as indicated below to the contingent beneficiary(ies).

PART C. CONTINGENT BENEFICIARIES

Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share
Full Name (First, Middle Initial, Last)		
Social Security Number	Birth Date	Percent of Share

Member Signature _____

Date _____

Send completed form to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com

VOLSAP-5: Notice of Contribution Suspension (to Resume at a Future Date)

Members who wish to suspend contributions and notify the board must use the VOLSAP-5. By sending this form to the VOLSAP Plan Administrator, before the suspension, the member will be reinstated without paying a reinstatement fee of \$25.

Part A. Completed by the member.

Part B. Completed by the member, who checks the first box on the far left-hand side of the form indicating a temporary suspension. Next, he/she checks the appropriate box for the quarter in which the suspension occurs, inserting the year in the space provided.

If the member knows he/she will be able to resume contributions in six months, he/she moves to the next line and checks the box in the far left-hand side of the form indicating “I will resume my contributions in the following quarter” and then selects the appropriate quarter, inserting the year in the space provided. If, on the other hand, the member does not know when he/she will resume contributions, the member should check the box in the far left-hand side of the form indicating “The date I will resume my contributions is unknown at this time.”

The member signs and dates the form and gives it to the department/squad representative for certification and filing with the VOLSAP Plan Administrator.

Part C. Completed by the department/squad representative, who sends the form to the VOLSAP Plan Administrator. The representative must adjust the Members’ Funds Transmittal Report (VOLSAP-2) to reflect the termination of contributions. The representative sends the Notice of Contribution Suspension (VOLSAP-5) form to the VOLSAP Plan Administrator.



NOTICE OF CONTRIBUTION SUSPENSION (TO RESUME AT A FUTURE DATE)

COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION

2. Name (First, Middle Initial, Last)		
3. Address (Street, City, State and ZIP+4)		
4. Social Security Number	5. Date of Birth	6. Phone Number
7. Department/Squad Information <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____ Original Enrollment Date: _____		

PART B. MEMBER CERTIFICATION (Check appropriate box)

<input type="checkbox"/> I will temporarily suspend my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr)	
<input type="checkbox"/> I will resume my contributions in the following quarter (select one quarter) <input type="checkbox"/> Jan-Mar _____(yr) <input type="checkbox"/> Apr-Jun _____(yr) <input type="checkbox"/> Jul-Sep _____(yr) <input type="checkbox"/> Oct-Dec _____(yr)	
<input type="checkbox"/> The date I will resume my contributions is unknown at this time.	
Acknowledgment: I acknowledge that in order to be reinstated without paying a \$25 fee, I must be a member in good standing and file this form before stopping my contributions. To resume contributions, I must file the Application for Membership (VOLSAP-1) and check the appropriate box in Part B (the Member Certification) of that form.	
_____	_____
Member Signature	Date

PART C. DEPARTMENT/SQUAD CERTIFICATION

I certify the above-named applicant is a current member of the department/squad named above and that I am temporarily removing his or her name from the Transmittal Report.	
_____	_____
Authorized Signer's Printed Name	Date
_____	_____
Authorized Signer's Title	Phone Number

Authorized Signature	

Send completed form to:

Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710

Email questions to:
volsap@usi.com

VOLSAP-6: Distribution Election Form

This form is filed by a member who is eligible for and wishes to receive a distribution from his/her account or by a beneficiary of a member.

NOTE: Members are cautioned to consult a qualified tax adviser before requesting a distribution. Although the information contained here is presented in good faith and believed to be correct, it is general in nature and is not intended as tax advice.

Regardless of the quarter in which the VOLSAP Plan Administrator receives requests for distributions, **payments are made once a year, within 120 days of the close of the plan year on June 30.** The only method of payment is a lump sum; therefore, one check is issued in full settlement of the service award. No other means of distribution is available. Application for distribution must be made by June 10.

Part A. Completed by the member.

Part B. This section is the distribution selection.

- **Member under age 60 withdrawing from VOLSAP and requesting distribution.** If the member requesting the withdrawal is under age 60, he/she checks the first box. The member receives a lump-sum payment equal to the amount of his/her contributions only, minus investment losses and a \$25 administrative fee. The member does not receive any contributions made by the department/squad or any that may have been made by the general fund. Any contributions in the member's account made by the department/squad or the general fund, and any earnings thereon, will be returned to those entities to offset their future contributions.
- **Member age 60 or older who has fewer than five years of service credit.** If the member requesting the withdrawal is age 60 or older and has served fewer than five years as an eligible volunteer, he/she checks the second box. The member receives a lump-sum payment equal to the amount of his or her contributions, plus or minus investment gains or losses. The member does not receive any contributions made by the department/squad or any that have been made by the general fund. The member is not assessed an administrative fee.
- **Member age 60 or older who has five to 10 years, or more, of service credit.** If the member requesting the withdrawal is age 60 or older, and has between five and 10 years, or more, of service credit, he or she checks the third box. The member receives a lump-sum payment equal to the amount of his/her contributions, any contributions made on his/her behalf by the department/squad and, if contributions have been made by the general fund, a percentage of those funds depending on the amount of time served. The member checks the appropriate box beside the statement that corresponds with the years served as an eligible volunteer. The schedule is as follows:

At the end of five years of service, 5% of state contributions; end of six years, 10%; end of seven years, 25%; end of eight years, 45%; end of nine years, 70%; and at the end of 10 years or more, 100%.

All amounts payable are calculated plus or minus investment gains or losses.

IMPORTANT: All distributions from the fund are paid in a single lump-sum payment and are plus or minus investment gains or losses unless otherwise stated, as in the section above titled "Member under age 60 withdrawing from VOLSAP and requesting distribution."

- **Beneficiary.** The fourth box applies to a beneficiary, who checks this box and requests a lump-sum distribution.

Part C. After completing the above information, the member or beneficiary signs and dates the form, acknowledging that he/she is entitled to the balance of the account as indicated on the form and that he/she understands no taxes are due on the amounts he/she contributed, but any other contributions made on his/her behalf, as well as any earnings, are taxable and will be reported to the Internal Revenue Service. The form is then given to the department or squad representative for processing.

Part D. The department/squad certification section is completed by the representative, who signs and dates the form certifying that the applicant is a current member (or beneficiary) and that the information provided is true and correct and that the member is eligible for a distribution as requested. The representative then forwards the form to the VOLSAP Plan Administrator.

REMINDER: Distributions are made once a year, within 120 days of the close of the plan year, June 30. Application for distribution must be made by June 10.



DISTRIBUTION ELECTION COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

PART A. MEMBER INFORMATION

2. Name (First, Middle Initial, Last)		
3. Address (Street, City, State and ZIP+4)		
4. Social Security Number	5. Date of Birth	6. Phone Number
7. Department/Squad Information <input type="checkbox"/> Fire <input type="checkbox"/> Rescue Department/Squad Name: _____ Location/County: _____ Total years of service (full years only, no additional months): _____ yrs		

PART B. DISTRIBUTION SELECTION - Check appropriate box(es)

<input type="checkbox"/> Member under age 60 withdrawing from the VOLSAP Fund and requesting distribution. I am entitled to my contributions minus investment losses and an administrative fee of \$25. Members under age 60 do not receive State or Department/Squad contributions.						
<input type="checkbox"/> Member age 60 or older, served less than five years as an eligible volunteer. I am entitled to a lump-sum distribution equal to the amount of my contributions, plus or minus investment gains or losses.						
<input type="checkbox"/> Member age 60 or older, served between five and 10 years as an eligible volunteer. I am entitled to a lump-sum distribution equal to the amount of my contributions, any contributions made on my behalf by my Department/Squad and the percentage as checked below of any contributions that may have been made by the State, plus or minus investment gains or losses on all contributions. <table style="width: 100%; margin-top: 5px;"><tr><td style="width: 50%;"><input type="checkbox"/> End of year 5, 5% of State contributions</td><td style="width: 50%;"><input type="checkbox"/> End of year 8, 45% of State contributions</td></tr><tr><td><input type="checkbox"/> End of year 6, 10% of State contributions</td><td><input type="checkbox"/> End of year 9, 70% of State contributions</td></tr><tr><td><input type="checkbox"/> End of year 7, 25% of State contributions</td><td><input type="checkbox"/> End of year 10 or beyond, 100% of State contributions</td></tr></table>	<input type="checkbox"/> End of year 5, 5% of State contributions	<input type="checkbox"/> End of year 8, 45% of State contributions	<input type="checkbox"/> End of year 6, 10% of State contributions	<input type="checkbox"/> End of year 9, 70% of State contributions	<input type="checkbox"/> End of year 7, 25% of State contributions	<input type="checkbox"/> End of year 10 or beyond, 100% of State contributions
<input type="checkbox"/> End of year 5, 5% of State contributions	<input type="checkbox"/> End of year 8, 45% of State contributions					
<input type="checkbox"/> End of year 6, 10% of State contributions	<input type="checkbox"/> End of year 9, 70% of State contributions					
<input type="checkbox"/> End of year 7, 25% of State contributions	<input type="checkbox"/> End of year 10 or beyond, 100% of State contributions					
<input type="checkbox"/> Beneficiary. As a beneficiary, I am entitled to a lump-sum distribution of the full value of the account of the member name above in Part A.						

PART C. MEMBER/BENEFICIARY CERTIFICATION

I certify I am entitled to a distribution from my account as indicated above. I understand no taxes are due on contributions made by me. Contributions made by the State or my Department/Squad as well as earnings on all contributions are taxable and will be reported to the IRS on Form 1099. Distributions will be made within 60 days of the close of the plan year, June 30.	
_____ Member/Beneficiary Signature	_____ Date
_____ Beneficiary Printed Name	_____ Beneficiary SSN
<input type="checkbox"/> Check this box if you are the beneficiary, sign above and attach a copy of the death certificate. (Before submitting the form to the department/squad, complete Part A with the member's information and check this box, then sign and date the form above.)	

PART D. DEPARTMENT/SQUAD CERTIFICATION

<input type="checkbox"/> I certify the above-named applicant is eligible for a distribution of his or her account as requested above.	
<input type="checkbox"/> I certify that the applicant is the beneficiary (if appropriate box checked in the Member/Beneficiary Certification).	
_____ Authorized Signer's Printed Name	_____ Date
_____ Authorized Signer's Title	_____ Daytime Phone Number
_____ Authorized Signature	

Send completed form to:

**Principal Custody Solutions/VOLSAP
510 N. Valley Mills Dr., Suite 400
Waco, TX 76710**

Email questions to:
volsap@usi.com