



GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

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APPLICATION FOR REFUND OF CONTRIBUTIONS

TO: BOARD OF TRUSTEES
EMPLOYEES RETIREMENT SYSTEM OF THE GOVERNMENT OF THE VIRGIN ISLANDS

Date of Application _____

I hereby request a refund of contributions made by me as a member of the Employees Retirement System of the Government of the Virgin Islands under and in pursuance of the provisions of Title 3 of the Virgin Islands Code.

In connection with this request, I, _____,
(Print Name)

declare that I am entitled to such refund by reason of _____.
(Resignation or Dismissal)

My title is _____ at the Department of _____
_____ on the island of _____

effective on ____ - ____ - ____.
 m m d d y y y y

Gender _____

Tel No. _____

I further declare that I am not on leave of absence at this time and do not expect to transfer to another department covered by the provisions of the said System; that I am not employed in any capacity by the Government of the Virgin Islands and that I do not have a right to appointment at this time to any position in the service of the Government.

In consideration of the amount payable to me as refund, I do forfeit and relinquish all accrued rights in the Retirement System including all accumulated creditable service.

DO YOU HAVE A LOAN WITH THE RETIREMENT SYSTEM?

Personal Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mortgage Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Auto Loan	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby represent that I have no other claims against the Employees Retirement System of the Government of the Virgin Islands except as herein stated, and the acceptance of this refund by me shall operate as a release of any claims which I may have against the said System of all kinds and my own free will and accord.

I further declare that I have read and understand this application and am signing the same of my own free will and accord.

Date of Birth ____ - ____ - ____
 m m d d y y y y

SSN _____

Physical Address _____

Mailing Address _____

City State Zip

City State Zip

(Signature of Member)

(Witness)

Note: Refunds cannot be processed until six weeks after the end of the Quarter in which the applicant receives his final regular salary payment.

A refund is payable to members only upon withdrawal from service, which means under the Act "complete severance of employment of a member as an employee of the employer, by resignation, discharge, dismissal or death" or in the case of erroneous deductions.

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