



GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

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APPLICATION FOR REFUND OF ERRONEOUS CONTRIBUTIONS

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

I hereby request a refund of Erroneous 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, _____, declare that I am entitled
(Print Name)

to such refund by reason of Erroneous Deduction. My title is _____

at the Department of _____ on the island of _____.

Effective date of Erroneous Deductions ____ - ____ - ____ SSN _____
(mm) (dd) (yyyy)

Employee No. _____ Telephone No. _____ Gender _____

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 ____ - ____ - ____ _____
(mm) (dd) (yyyy) (Print Name of Member)

(Witness) (Signature of Member)

Physical Address _____ Mailing Address _____

City State Zip City State Zip

Date of Application ____ - ____ - ____
(mm) (dd) (yyyy)

Note: Refunds cannot be processed until six weeks after the end of the Quarter in which the applicant receives his/her 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.