



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



Emergency Medical Services Retirement System (EMSRS) Enrollment Form

All Emergency Medical Services Officers hired into full time covered employment after January 1, 2008 by an EMSRS participating employer must become participating members of EMSRS. Full-time employment means permanent employment which normally requires 12 months per year service and at least 1040 hours per year service in that position. Covered employment means employment as a full-time EMT, EMT/Paramedic, or EMT/RN and the active performance of duties required of an emergency medical services officer.

Section 1: Employee Information: Please complete Sections 1 and 2 and return this form to CPRB.

Full Name				SSN		Date of Birth		Telephone Number	
Gender Male Female		Member Mailing Address				City		State Zip Code	
Employer Name						Date of Hire with Current Employer		Job Position	
Position Status Part Time Elected Full Time Temporary				Payroll Frequency Weekly Bi-Weekly Semi-Monthly Monthly				Scheduled Hours Per Day	
Do you have previous Military Service? Yes No If Yes, a copy of your DD-214 must be sent to CPRB to receive credit				Have you ever previously been an Emergency Medical Services Officer? Yes No If Yes, please provide the employer:					
Are you currently retired under any of the State's Retirement Systems? Yes No If Yes, please provide the employer:				Type of Rate of Pay Daily Hourly Monthly Yearly				Rate of Pay \$	

Section 2: Dependent Information: For additional dependent listings, please attach a sheet of paper

Spouse Name		SSN		Date of Birth	
Child Name		SSN		Date of Birth	
Child Name		SSN		Date of Birth	
Child Name		SSN		Date of Birth	
Child Name		SSN		Date of Birth	

Section 3: Authorization

I understand that 8½% of my salary will be deducted each pay period and these funds will be forwarded to the Consolidated Public Retirement Board and contributed to the Emergency Medical Services Retirement System on my behalf.

Signature _____ Date _____

Section 4: For Internal CPRB Use Only

Was the enrollee employed as an EMSO with a participating agency on December 31, 2007? Yes No

Pre-Retirement Beneficiary Form received? Yes No

CPRB Staff Name _____ Date _____