



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
www.wvretirement.com

**Emergency Medical Services  
Retirement System (EMSRS)**

**Membership Enrollment**

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. All 911 personnel hired into full-time employment on or after July 1, 2022 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 or 911 personnel at a 911 public safety answering point.

**Section 1: Employee Information:**

Employee Full Name	SSN	Date of Birth	Gender Female Male
Employee Mailing Address	City	State	Zip Code
Employee Email Address	Home Telephone Number	Mobile Telephone Number	
Employer Name	Date of Hire with Current Employer	Job Position	
Position Status Part Time Full Time Temporary	Payroll Frequency Weekly Bi-Weekly Semi-Monthly Monthly	Scheduled Hours Per Day	
Type of Rate of Pay Daily Hourly Monthly Yearly	Rate of Pay \$	Do you have previous Military Service? Yes No If Yes, submit a copy of your DD-214 to CPRB.	
Have you ever previously worked as an Emergency Medical Services Officer? Yes No If yes, please list the employer: _____			
Are you currently retired under any of the State's Retirement Systems? Yes No If Yes, please list the retirement system: _____			

**Section 2: Dependent Information: (If more space is needed to for dependent listings, attach a sheet of paper with information)**

Spouse 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: Acknowledgment and Signature**

I understand that 8½% of my salary will be deducted each pay period and these funds will be forwarded to the CPRB and contributed to EMSRS on my behalf.

Employee Signature	Date
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**Section 4: CPRB Internal Use Only**

Pre-Retirement Beneficiary form received? Yes No Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_