



**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, 911 personnel, and county firefighters hired into full-time covered employment on or after the date the agency became a participating employer of EMSRS 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 Emergency Medical Technician (EMT), EMT/Paramedic, or Emergency Medical Services (EMS)/RN and the active performance of duties required of an emergency medical services officer, 911 personnel at a 911 public safety answering point and paid with 911 funds (PAPE), or county firefighter.

**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 EMT EMT/Paramedic EMS/Registered Nurse 911 Public Safety Answering Point Employee County Firefighter			
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 Military Service? Yes No <i>If Yes, submit a copy of your DD-214 to CPRB.</i>			

**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 tax-deferred funds will be forwarded to the CPRB and contributed to EMSRS on my behalf.

Employee Signature	Date
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