

MEMBERSHIP ENROLLMENT FORM

West Virginia State Police Retirement System (Plan B)

New Enrollment **Re-enlistment**

Name _____ Sex Male Female
 (Please print) Last First Middle

Date of Birth: _____ SSN: _____

Mailing Address _____
 Street/P. O. Box/Route City/Town State Zip Code

Dependent Information: (For additional dependent listings, please attach a sheet of paper with your SSN and all dependent information.)

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

OFFICIAL Starting Date of Active Duty _____

Are you currently retired under any of the State's Retirement Systems? Yes No
 If yes, which one? _____

Military service Yes No A copy of your DD-214 must be sent to CPRB in order to receive credit.

Summary of your **prior** employment with the Department of Public Safety

Hire Date	Termination Date

Employee Signature _____ Date: _____

Witness: _____ Date: _____