

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*

Return to Covered Employment by Retired Member

Section 1: Retired Employee Information						
Retired Employee Full Name	Last 4 Digits of SSN	CPRB ID	Effective Retirement Date			
Section 2: Re-employment Option - Select the applicable re-employment type						

Option 1 - Return to Permanent, Full-Time Employment as a Deputy Sheriff

I have resumed service in permanent, full-time employment as a deputy sheriff. I understand my annuity shall be suspended while I continue working in covered employment. I understand my monthly annuity payment for the month in which the service resumes shall be prorated to the date of the commencement of service, and I shall again become a contributing member of DSRS. At the conclusion of resumed service, my annuity will be recalculated to take into account the entirety of service in covered employment. It is <u>imperative</u> for you to contact CPRB prior to termination of re-employment to obtain an Application for Recommencement of Annuity Payments. Your effective recommencement date will be the first day of the month following termination of re-employment and CPRB's receipt of the Application for Recommencement of Annuity form.

Option 2 - Critical Need Deputy Sheriff

I was hired to fill a vacant deputy sheriff position in a county with fewer than 5 filled deputy sheriff positions. My annuity shall not be suspended during this employment, provided the following conditions are met:

- * I was retired for 180 days or longer upon the date of re-hire as a deputy sheriff.
- * I did not retire as a result of a disability pursuant to the provisions of W. VA. Code § 7-14D-14.
- * I am a certified, or certifiable, law enforcement officer as provided in W. VA. Code § 30-29-5.
- * The Sheriff of the county in which I am employed has fewer than five deputies in his employ and has been unable to recruit additional qualified deputy sheriffs despite the exercise of due diligence.
- * My re-employment may not exceed five years or until additional deputy sheriffs are hired to provide for five full-time deputy sheriffs in the county, whichever is sooner.
- * The Sheriff is required to post the vacant position until it is filled by a non-retirant.
- * I may not again become a contributing member of the Deputy Sheriff Retirement System while performing services under the provisions of W. VA. Code § 7-14D-24a(b).
- * My employer shall remit employer contributions pursuant to W. VA. Code § 7-14D-7 on my monthly salary.

THIS FORM SHOULD BE COMPLETED EACH TIME A RETIREE COMMENCES EMPLOYMENT WITH A DSRS PARTICIPATING EMPLOYER. All DSRS retirees who return to employment should contact PEIA, if applicable, to determine any impacts on their PEIA insurance if their monthly annuity is suspended.

Section 3: Retired Employee Acknowledgment

I hereby acknowledge I have read and understand the circumstances of my employment which may impact my retirement benefits.

Retiree	Signature
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Date

Retired Employee Full Name							
Section 4: Employer Information - To be completed by the Sheriff							
County Name		Name of Sheriff (please print)		Retiree Re-hire Date			
If the Retired Member is being re-employed as a Critical Need Deputy Sheriff under Option 2 on Page 1 of this form, the following questions must be answered. Otherwise, skip to Section 5.							
How many deputy sheriffs are currently employed with your county?							
How many total deput	y sheriff positions does your cou	nty have?					
List the first Pay Date for which employer contributions will be remitted for this deputy sheriff							
Section 5: Sheriff Ac	knowledgment and Certificat	tion					
I certify I have read and understand the provisions of W. VA. Code § 7-14D-24a and the information provided on this form is a true and accurate reflection of the above county's records. Further, I certify that if the member identified on this form is being hired under the provisions of Option 2, the conditions listed on Page 1 have been met.							
Sheriff Signature			Telephone Number				
Email Address			Date Signed				
Section 6: CPRB Use	Only						
CPRB ID	Termination Date	CPRB Staff Signa	ature Date				
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