



**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)**

Insurable Interest Affidavit

Member or Retiree Information

Member or Retiree Full Name _____

CPRB ID _____

This form must be completed by members of the WV Emergency Medical Services Retirement System ("EMSRS") who wish to nominate a person as the member's beneficiary for any annuitized benefit under the EMSRS plan in all cases in which the beneficiary is not related to the member by blood or by marriage. The form should be completed by the member wishing to make such nomination, signed in the presence of a Notary Public, and returned to the Consolidated Public Retirement Board at the address above.

I, _____, a member of the WV Emergency Medical Services Retirement System ("EMSRS"), have, on forms provided to me and approved by the Consolidated Public Retirement Board, nominated the following individual as my annuity beneficiary for pre-retirement and/or retirement purposes:

Designated Beneficiary's Name _____ Date of Birth _____
Address _____
Social Security Number _____ Phone Number _____

I do hereby swear and affirm that such individual has an insurable interest in my life. I understand that state law provides that "insurable interest" exists when a named beneficiary is related to a plan participant either from the ties of blood or marriage, or where the named beneficiary has a legal claim upon the participant for service or support from the personal relationship between them, and where the named beneficiary has a reasonable right to expect some pecuniary advantage from the continuance of the participant's life.

I offer the following evidence to demonstrate that the individual whom I have nominated as my retirement system beneficiary possesses an insurable interest in my life:

(Note: In order for insurable interest to exist between non-relatives on the basis of the existence of a legal claim for service or support where the named beneficiary has a reasonable right to expect some pecuniary advantage from the continuance of the participant's life, evidence must demonstrate the existence of at least one or more of the following factors: joint ownership of real estate, joint banking accounts, the existence of a court order of support, or other legal evidence of financial obligations of service or support of the participant for the named beneficiary. The Board retains the discretion to deny any nomination of beneficiary which it finds does not satisfy the required legal standard.)

Signature of Participant _____ Date Signed _____

Notary Public Certification

STATE OF _____;
COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for the state and county as aforesaid, do hereby certify that _____ did sign his/her name to the foregoing "Affidavit Affirming Existence of Insurable Interest" before me this the _____ day of _____, 20____.

Notary Signature _____

My Commission Expires _____